AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation
Jurat	Updated numbers
Supplemental Health Care Exhibit - Part 1	Updated numbers
Supplemental Health Care Exhibit - Part 2	Updated numbers
Supplemental Health Care Exhibit - Part 3	Updated numbers

11093201020100105

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

TAKECARE INSURANCE COMPANY, INC.

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) **NAIC Company Code** 11093 **Employer's ID Number** 98-0223187

Organized under the Laws of GU **, State of Domicile or Port of Entry** GU

Country of Domicile US

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

Incorporated/Organized: February 23, 2000 **Commenced Business:** January 1, 2001

Statutory Home Office BALTEJ PAVILION STE. 304 415 CHN SAN ANTONIO (Street and Number) , TAMUNING, GU 96913 (City or Town, State and Zip Code)

Main Administrative Office: BALTEJ PAVILION STE. 304 415 CHN SAN ANTONIO (Street and Number)
TAMUNING, GU 96913 (City or Town, State and Zip Code) 671-646-6956 (Area Code) (Telephone Number)

Mail Address: P. O. BOX 6578 (Street and Number or P.O. Box) , TAMUNING, GU 96931 (City or Town, State and Zip Code)

Primary Location of Books and Records: BALTEJ PAVILION STE. 304 415 CHN SAN ANTONIO (Street and Number) TAMUNING, GU 96913 (City or Town, State and Zip Code) 671-646-6956 (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact: EMY G. GONZALES (Name) 671-646-6956-7142 (Area Code) (Telephone Number) (Extension)
EMY.GONZALES@TAKECAREASIA.COM (E-Mail Address) 671-647-3555 (Fax Number)

OFFICERS

	Name	Title
1.	JOSEPH HUSSLEIN	PRESIDENT & CEO
2.	JUNE S. MAIR	SECRETARY
3.	LUCIO V. ALMIRA	TREASURER

VICE-PRESIDENTS

Name	Title	Name	Title
GEORGE CHIU	VICE PRESIDENT		

DIRECTORS OR TRUSTEES

GEORGE CHIU	JOSEPH HUSSLEIN	JERRY CHO YEE TAN	DAVID M. SABLAN
JUNE S. MAIR			

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

(Signature)	(Signature)	(Signature)
JOSEPH HUSSLEIN	JUNE S. MAIR	LUCIO V. ALMIRA
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
PRESIDENT & CEO	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
_____ day of _____ , 2011

a. Is this an original filing? [ ] Yes [X] No
b. If no: 1. State the amendment number . . . . . 2 . . . . . .
2. Date filed . . . . . 06/14/2011 . . . . . .
3. Number of pages attached . . . . . 4 . . . . . .

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

11093201021653100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. BALTEJ PAVILION STE 304 415 CHN SAN ANTONIO TAMUNING, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF GUAM DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7	8	9
	1 Individual	2 Small Group Employer	3 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)	194,867	13,901,941	55,520,216				69,617,024	XXX	69,617,024
1.2 Federal high risk pools								XXX	
1.3 State high risk pools								XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	194,867	13,901,941	55,520,216				69,617,024	XXX	69,617,024
1.5 Federal taxes and federal assessments									
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	186	115,665	422,058				537,909		537,909
1.7 Regulatory authority licenses and fees									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	194,681	13,786,276	55,098,158				69,079,115	XXX	69,079,115
1.9 Net Assumed less Ceded reinsurance premiums earned								XXX	
1.10 Other Adjustments due to MLR calculations - Premiums								XXX	
1.11 Risk Revenue								XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	194,681	13,786,276	55,098,158				69,079,115	XXX	69,079,115
2. Claims:									
2.1 Incurred claims excluding prescription drugs	179,623	10,277,141	39,816,560				50,273,324	XXX	50,273,324
2.2 Prescription drugs	4,335	2,554,159	8,277,989				10,836,483	XXX	10,836,483
2.3 Pharmaceutical rebates	257	151,192	490,010				641,459	XXX	641,459
2.4 State stop loss, market stabilization and claim/census based assessments								XXX	
3. Incurred medical incentive pools and bonuses								XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)									
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	183,701	12,680,108	47,604,539				60,468,348	XXX	60,468,348
5.1 Net Assumed less Ceded reinsurance claims incurred								XXX	
5.2 Other Adjustments due to MLR calculations - Claims			666,873				666,873	XXX	666,873
5.3 Rebates Paid								XXX	
5.4 Estimated rebates unpaid prior year								XXX	
5.5 Estimated rebates unpaid current year								XXX	
5.6 Fee for service and co-pay revenue	2,157	1,634,282	5,553,537				7,189,976	XXX	7,189,976
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	181,544	11,045,826	42,717,875				53,945,245	XXX	53,945,245
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology	770	212,971	785,964				999,705		999,705
6.2 Type B. Health Information Technology expenses related to health improvement									
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	770	212,971	785,964				999,705		999,705
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.948	0.935	0.878	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									
8.2 All other claims adjustment expenses	115	26,774	101,156				128,045		128,045
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	115	26,774	101,156				128,045		128,045
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.001	0.002	0.002				XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits									
10.2 Agents and brokers fees and commissions	795	397,800	550,105				948,700		948,700
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)									
10.4 Other general and administrative expenses	1,983	1,024,420	3,430,285				4,456,688		4,456,688
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	2,778	1,422,220	3,980,390				5,405,388		5,405,388
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	9,474	1,078,485	7,512,773				8,600,732	XXX	8,600,732
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	171,175	XXX	171,175
14. Federal income taxes (excluding taxes on Line 1.5 above)									
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	9,438,810	XXX	8,771,907
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)									
OTHER INDICATORS:									
1. Number of certificates / policies	57	2,554	8,016				10,627		10,627
2. Number of Covered Lives	85	5,599	17,453				23,137		23,137
3. Number of Groups	XXX	198	44				242		242
4. Member Months	643	68,028	209,433				278,104		278,028

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

11093201021656100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. BALTEJ PAVILION STE 304 415 CHN SAN ANTONIO TAMUNING, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7	8	9
	1 Individual	2 Small Group Employer	3 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)	2,617	3,313,634	775,660				4,091,911	XXX	4,091,911
1.2 Federal high risk pools								XXX	
1.3 State high risk pools								XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,617	3,313,634	775,660				4,091,911	XXX	4,091,911
1.5 Federal taxes and federal assessments									
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	109	191,775	42,765				234,649		234,649
1.7 Regulatory authority licenses and fees									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,508	3,121,859	732,895				3,857,262	XXX	3,857,262
1.9 Net Assumed less Ceded reinsurance premiums earned								XXX	
1.10 Other Adjustments due to MLR calculations - Premiums								XXX	
1.11 Risk Revenue								XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,508	3,121,859	732,895				3,857,262	XXX	3,857,262
2. Claims:									
2.1 Incurred claims excluding prescription drugs	2,931	2,538,042	631,425				3,172,398	XXX	3,172,398
2.2 Prescription drugs	75	700,824	51,300				752,199	XXX	752,199
2.3 Pharmaceutical rebates								XXX	
2.4 State stop loss, market stabilization and claim/census based assessments								XXX	
3. Incurred medical incentive pools and bonuses								XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)									
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	3,006	3,238,866	682,725				3,924,597	XXX	3,924,597
5.1 Net Assumed less Ceded reinsurance claims incurred								XXX	
5.2 Other Adjustments due to MLR calculations - Claims								XXX	
5.3 Rebates Paid								XXX	
5.4 Estimated rebates unpaid prior year								XXX	
5.5 Estimated rebates unpaid current year								XXX	
5.6 Fee for service and co-pay revenue	107	466,141	68,042				534,290	XXX	534,290
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	2,899	2,772,725	614,683				3,390,307	XXX	3,390,307
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology	41	32,964	12,980				45,985		45,985
6.2 Type B. Health Information Technology expenses related to health improvement									
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	41	32,964	12,980				45,985		45,985
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	1.215	1.048	0.949	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									
8.2 All other claims adjustment expenses									
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)									
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)							XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits									
10.2 Agents and brokers fees and commissions									
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)									
10.4 Other general and administrative expenses	222	359,200	83,871				443,293		443,293
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	222	359,200	83,871				443,293		443,293
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	(654)	(43,030)	21,361				(22,323)	XXX	(22,323)
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	1,038	XXX	1,038
14. Federal income taxes (excluding taxes on Line 1.5 above)									
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	(21,285)	XXX	(21,285)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)									
OTHER INDICATORS:									
1. Number of certificates / policies	8	329	430				767		767
2. Number of Covered Lives	12	725	936				1,673		1,673
3. Number of Groups	XXX	45	10				55		55
4. Member Months	24	9,115	11,227				20,366		20,366

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

11093201021659100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. BALTEJ PAVILION STE 304 415 CHN SAN ANTONIO TAMUNING, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7	8	9
	1 Individual	2 Small Group Employer	3 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)	197,484	17,215,575	56,295,876				73,708,935	XXX	73,708,935
1.2 Federal high risk pools								XXX	
1.3 State high risk pools								XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	197,484	17,215,575	56,295,876				73,708,935	XXX	73,708,935
1.5 Federal taxes and federal assessments									
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	295	307,440	464,823				772,558		772,558
1.7 Regulatory authority licenses and fees									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	197,189	16,908,135	55,831,053				72,936,377	XXX	72,936,377
1.9 Net Assumed less Ceded reinsurance premiums earned								XXX	
1.10 Other Adjustments due to MLR calculations - Premiums								XXX	
1.11 Risk Revenue								XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	197,189	16,908,135	55,831,053				72,936,377	XXX	72,936,377
2. Claims:									
2.1 Incurred claims excluding prescription drugs	182,554	12,815,183	40,447,985				53,445,722	XXX	53,445,722
2.2 Prescription drugs	4,410	3,254,983	8,329,289				11,588,682	XXX	11,588,682
2.3 Pharmaceutical rebates	257	151,192	490,010				641,459	XXX	641,459
2.4 State stop loss, market stabilization and claim/census based assessments								XXX	
3. Incurred medical incentive pools and bonuses								XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)									
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	186,707	15,918,974	48,287,264				64,392,945	XXX	64,392,945
5.1 Net Assumed less Ceded reinsurance claims incurred								XXX	
5.2 Other Adjustments due to MLR calculations - Claims			666,873				666,873	XXX	666,873
5.3 Rebates Paid								XXX	
5.4 Estimated rebates unpaid prior year								XXX	
5.5 Estimated rebates unpaid current year								XXX	
5.6 Fee for service and co-pay revenue	2,264	2,100,423	5,621,579				7,724,266	XXX	7,724,266
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	184,443	13,818,551	43,332,558				57,335,552	XXX	57,335,552
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology	811	245,935	798,944				1,045,690		1,045,690
6.2 Type B. Health Information Technology expenses related to health improvement									
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	811	245,935	798,944				1,045,690		1,045,690
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.951	0.956	0.879	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									
8.2 All other claims adjustment expenses	115	26,774	101,156				128,045		128,045
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	115	26,774	101,156				128,045		128,045
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.001	0.002	0.002				XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits									
10.2 Agents and brokers fees and commissions	795	397,800	550,105				948,700		948,700
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)									
10.4 Other general and administrative expenses	2,205	1,383,620	3,514,156				4,899,981		4,899,981
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	3,000	1,781,420	4,064,261				5,848,681		5,848,681
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	8,820	1,035,455	7,534,134				8,578,409	XXX	8,578,409
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	172,213	XXX	172,213
14. Federal income taxes (excluding taxes on Line 1.5 above)									
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	9,417,525	XXX	8,750,622
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)									
OTHER INDICATORS:									
1. Number of certificates / policies	65	2,883	8,446				11,394		11,394
2. Number of Covered Lives	97	6,324	18,389				24,810		24,810
3. Number of Groups	XXX	243	54				297		297
4. Member Months	667	77,143	220,660				298,470		298,394

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

11093201021653100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF GUAM DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7
	1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Total
1. Health Premiums Earned:							
1.1 Direct premiums written	28,907	14,467,753	55,120,364				69,617,024
1.2 Unearned premium prior year							
1.3 Unearned premium current year							
1.4 Change in unearned premium (Lines 1.2 - 1.3)							
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 + 1.7 less $ 0 write offs)	28,907	14,467,753	55,120,364				69,617,024
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							
1.12 Other Adjustments due to MLR calculation - Premiums							
1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12)	28,907	14,467,753	55,120,364				69,617,024
2. Direct Claims Incurred:							
2.1 Paid claims during the year	182,181	12,326,897	46,270,071				58,779,149
2.2 Direct claim liability current year	8,400	1,951,686	7,373,660				9,333,746
2.3 Direct claim liability prior year	6,880	1,598,475	6,039,192				7,644,547
2.4 Direct claim reserves current year							
2.5 Direct claim reserves prior year							
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)							
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)							
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)	183,701	12,680,108	47,604,539				60,468,348
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							
2.14 Other Adjustments due to MLR calculation - Claims			666,873				666,873
2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14)	183,701	12,680,108	48,271,412				61,135,221
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

11093201021656100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7
	1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Total
1. Health Premiums Earned:							
1.1 Direct premiums written	2,111	3,421,016	668,784				4,091,911
1.2 Unearned premium prior year							
1.3 Unearned premium current year							
1.4 Change in unearned premium (Lines 1.2 - 1.3)							
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 + 1.7 less $ 0 write offs)	2,111	3,421,016	668,784				4,091,911
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							
1.12 Other Adjustments due to MLR calculation - Premiums							
1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12)	2,111	3,421,016	668,784				4,091,911
2. Direct Claims Incurred:							
2.1 Paid claims during the year	2,885	3,142,281	644,693				3,789,859
2.2 Direct claim liability current year	652	519,619	204,610				724,881
2.3 Direct claim liability prior year	531	423,034	166,578				590,143
2.4 Direct claim reserves current year							
2.5 Direct claim reserves prior year							
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)							
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)							
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)	3,006	3,238,866	682,725				3,924,597
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							
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)	3,006	3,238,866	682,725				3,924,597
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

11093201021659100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2010 NAIC Company Code 11093

	Comprehensive Health Coverage			4	5	6	7
	1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by Statute)	Other Health	Total
1. Health Premiums Earned:							
1.1 Direct premiums written	31,018	17,888,769	55,789,148				73,708,935
1.2 Unearned premium prior year							
1.3 Unearned premium current year							
1.4 Change in unearned premium (Lines 1.2 - 1.3)							
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 + 1.7 less $ 0 write offs)	31,018	17,888,769	55,789,148				73,708,935
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							
1.12 Other Adjustments due to MLR calculation - Premiums							
1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12)	31,018	17,888,769	55,789,148				73,708,935
2. Direct Claims Incurred:							
2.1 Paid claims during the year	185,066	15,469,178	46,914,764				62,569,008
2.2 Direct claim liability current year	9,052	2,471,305	7,578,270				10,058,627
2.3 Direct claim liability prior year	7,411	2,021,509	6,205,770				8,234,690
2.4 Direct claim reserves current year							
2.5 Direct claim reserves prior year							
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)							
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)							
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)	186,707	15,918,974	48,287,264				64,392,945
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							
2.14 Other Adjustments due to MLR calculation - Claims			666,873				666,873
2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14)	186,707	15,918,974	48,954,137				65,059,818
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

11093201021653100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF GUAM DURING THE YEAR 2010 NAIC Company Code 11093

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	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
1.1 Salaries (including $ 0 for affiliated services)		494		38		532		55	1,414	2,001
1.2 Outsourced Services		109		13		122			137	259
1.3 EDP Equipment and Software (incl $ 0 for affiliated services)		59				59			59	118
1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
1.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6 Other Expenses (incl $ 0 for affiliated services)		43		14		57		60	1,169	1,286
1.7 Subtotal before Reimbursements and Taxes (1.1 to 1.6)		705		65		770		115	2,779	3,664
1.8 Reimbursements by uninsured plans and fiscal intermediaries										
1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.10 Total (1.7 to 1.9)		705		65		770		115	2,779	3,664
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $ 0 for affiliated services)		114,804		28,435		143,239		12,869	707,629	863,737
2.2 Outsourced Services		25,348		10,166		35,514			68,229	103,743
2.3 EDP Equipment and Software (incl $ 0 for affiliated services)		13,619				13,619			29,444	43,063
2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
2.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6 Other Expenses (incl $ 0 for affiliated services)		10,086		10,513		20,599		13,905	616,913	651,417
2.7 Subtotal before Reimbursements and Taxes (2.1 to 2.6)		163,857		49,114		212,971		26,774	1,422,215	1,661,960
2.8 Reimbursements by uninsured plans and fiscal intermediaries										
2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2.10 Total (2.7 to 2.9)		163,857		49,114		212,971		26,774	1,422,215	1,661,960
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $ 0 for affiliated services)		433,743		96,627		530,370		48,622	2,865,952	3,444,944
3.2 Outsourced Services		95,766		34,546		130,312			272,438	402,750
3.3 EDP Equipment and Software (incl $ 0 for affiliated services)		51,453				51,453			117,569	169,022
3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
3.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6 Other Expenses (incl $ 0 for affiliated services)		38,105		35,724		73,829		52,534	1,382,308	1,508,671
3.7 Subtotal before Reimbursements and Taxes (3.1 to 3.6)		619,067		166,897		785,964		101,156	4,638,267	5,525,387
3.8 Reimbursements by uninsured plans and fiscal intermediaries										
3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3.10 Total (3.7 to 3.9)		619,067		166,897		785,964		101,156	4,638,267	5,525,387
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										

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					
1.2 Other than HIT expenses		705		65	770
2. Small Group Comprehensive Coverage Expenses:					
2.1 HIT expenses					
2.2 Other than HIT expenses		163,857		49,114	212,971
3. Large Group Comprehensive Coverage Expenses:					
3.1 HIT expenses					
3.2 Other than HIT expenses		619,067		166,897	785,964
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)					
4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)		783,629		216,076	999,705
4.3 Total (Lines 4.1 + 4.2)		783,629		216,076	999,705

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

11093201021656100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR 2010 NAIC Company Code 11093

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	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
1.1 Salaries (including $ 0 for affiliated services)										
1.2 Outsourced Services		6				6				6
1.3 EDP Equipment and Software (incl $ 0 for affiliated services)										
1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
1.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6 Other Expenses (incl $ 0 for affiliated services)		35				35			222	257
1.7 Subtotal before Reimbursements and Taxes (1.1 to 1.6)		41				41			222	263
1.8 Reimbursements by uninsured plans and fiscal intermediaries										
1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.10 Total (1.7 to 1.9)		41				41			222	263
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $ 0 for affiliated services)										
2.2 Outsourced Services		5,099				5,099				5,099
2.3 EDP Equipment and Software (incl $ 0 for affiliated services)										
2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
2.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6 Other Expenses (incl $ 0 for affiliated services)		27,865				27,865			359,200	387,065
2.7 Subtotal before Reimbursements and Taxes (2.1 to 2.6)		32,964				32,964			359,200	392,164
2.8 Reimbursements by uninsured plans and fiscal intermediaries										
2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2.10 Total (2.7 to 2.9)		32,964				32,964			359,200	392,164
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $ 0 for affiliated services)		2,008				2,008				2,008
3.2 Outsourced Services										
3.3 EDP Equipment and Software (incl $ 0 for affiliated services)										
3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
3.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6 Other Expenses (incl $ 0 for affiliated services)		10,972				10,972			83,871	94,843
3.7 Subtotal before Reimbursements and Taxes (3.1 to 3.6)		12,980				12,980			83,871	96,851
3.8 Reimbursements by uninsured plans and fiscal intermediaries										
3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3.10 Total (3.7 to 3.9)		12,980				12,980			83,871	96,851
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										

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					
1.2 Other than HIT expenses		41			41
2. Small Group Comprehensive Coverage Expenses:					
2.1 HIT expenses					
2.2 Other than HIT expenses		32,964			32,964
3. Large Group Comprehensive Coverage Expenses:					
3.1 HIT expenses					
3.2 Other than HIT expenses		12,980			12,980
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)					
4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)		45,985			45,985
4.3 Total (Lines 4.1 + 4.2)		45,985			45,985

Supplement for the year 2010 of the **TAKECARE INSURANCE COMPANY, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

11093201021659100

REPORT FOR: 1. Corporation TAKECARE INSURANCE COMPANY, INC. 2. Baltej Pavilion Ste. 304 415 Chalan San Antonio Tamuning, GUAM 96913 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2010 NAIC Company Code 11093

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	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
1.1 Salaries (including $ 0 for affiliated services)		494		38		532		55	1,414	2,001
1.2 Outsourced Services		115		13		128			137	265
1.3 EDP Equipment and Software (incl $ 0 for affiliated services)		59				59			59	118
1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
1.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6 Other Expenses (incl $ 0 for affiliated services)		78		14		92		60	1,391	1,543
1.7 Subtotal before Reimbursements and Taxes (1.1 to 1.6)		746		65		811		115	3,001	3,927
1.8 Reimbursements by uninsured plans and fiscal intermediaries										
1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.10 Total (1.7 to 1.9)		746		65		811		115	3,001	3,927
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $ 0 for affiliated services)		114,804		28,435		143,239		12,869	707,629	863,737
2.2 Outsourced Services		30,447		10,166		40,613			68,229	108,842
2.3 EDP Equipment and Software (incl $ 0 for affiliated services)		13,619				13,619			29,444	43,063
2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
2.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6 Other Expenses (incl $ 0 for affiliated services)		37,951		10,513		48,464		13,905	976,113	1,038,482
2.7 Subtotal before Reimbursements and Taxes (2.1 to 2.6)		196,821		49,114		245,935		26,774	1,781,415	2,054,124
2.8 Reimbursements by uninsured plans and fiscal intermediaries										
2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2.10 Total (2.7 to 2.9)		196,821		49,114		245,935		26,774	1,781,415	2,054,124
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $ 0 for affiliated services)		435,751		96,627		532,378		48,622	2,865,952	3,446,952
3.2 Outsourced Services		95,766		34,546		130,312			272,438	402,750
3.3 EDP Equipment and Software (incl $ 0 for affiliated services)		51,453				51,453			117,569	169,022
3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)										
3.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6 Other Expenses (incl $ 0 for affiliated services)		49,077		35,724		84,801		52,534	1,466,179	1,603,514
3.7 Subtotal before Reimbursements and Taxes (3.1 to 3.6)		632,047		166,897		798,944		101,156	4,722,138	5,622,238
3.8 Reimbursements by uninsured plans and fiscal intermediaries										
3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3.10 Total (3.7 to 3.9)		632,047		166,897		798,944		101,156	4,722,138	5,622,238
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Col. 7 (informational only)										

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					
1.2 Other than HIT expenses		746		65	811
2. Small Group Comprehensive Coverage Expenses:					
2.1 HIT expenses					
2.2 Other than HIT expenses		196,821		49,114	245,935
3. Large Group Comprehensive Coverage Expenses:					
3.1 HIT expenses					
3.2 Other than HIT expenses		632,047		166,897	798,944
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)					
4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)		829,614		216,076	1,045,690
4.3 Total (Lines 4.1 + 4.2)		829,614		216,076	1,045,690