

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION: Chicago, IL 60601-5099



NAIC Group Code 0917

BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2010

NAIC Company Code 70670

	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)	159,085,773	388,018,362	974,884,210		139,769,049	26,936,456	1,688,693,850	X X X	1,688,693,850
1.2 Federal high risk pools								X X X	
1.3 State high risk pools	(659,120)	(1,541,120)	(1,697,557)		(517,267)	(102,550)	(4,517,614)	X X X	(4,517,614)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	158,426,653	386,477,242	973,186,653		139,251,782	26,833,906	1,684,176,236	X X X	1,684,176,236
1.5 Federal taxes and federal assessments	2,874,445	19,994,353	4,656,611		4,879,095	(1,158,786)	31,245,718	(5,594,607)	25,651,111
1.6 State and local premium taxes (Similar local taxes of \$.....0)	2,577,201	6,025,882	6,637,556		2,022,547	400,976	17,664,162		17,664,162
1.7 Regulatory authority licenses and fees	10,550	26,370	35,112		9,903	26,376	108,311	18,022	126,333
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	152,964,457	360,430,637	961,857,374		132,340,237	27,565,340	1,635,158,045	X X X	1,640,734,630
1.9 Net assumed less ceded reinsurance premiums earned						(3,120,820)	(3,120,820)	X X X	(3,120,820)
1.10 Other adjustments due to MLR calculations - Premiums								X X X	
1.11 Risk Revenue								X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	152,964,457	360,430,637	961,857,374		132,340,237	24,444,520	1,632,037,225	X X X	1,637,613,810
2. Claims:									
2.1 Incurred claims excluding prescription drugs	117,547,566	234,919,424	669,802,991		103,678,011	24,314,774	1,150,262,766	X X X	1,150,262,766
2.2 Prescription drugs	36,778	39,596,206	210,499,162		486,113		250,618,259	X X X	250,618,259
2.3 Pharmaceutical rebates	895	4,519,167	6,618,718		64,775		11,203,554	X X X	11,203,554
2.4 State stop-loss, market stabilization and claim/census based assessments								X X X	
3. Incurred medical incentive pools and bonuses								X X X	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	11,209	19,955	61,300				92,464		92,464
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	117,583,449	269,996,463	873,683,435		104,099,349	24,314,774	1,389,677,471	X X X	1,389,677,471
5.1 Net assumed less ceded reinsurance claims incurred						(4,070,790)	(4,070,790)	X X X	(4,070,790)
5.2 Other adjustments due to MLR calculations - Claims								X X X	
5.3 Rebates Paid								X X X	
5.4 Estimated rebates unpaid prior year								X X X	
5.5 Estimated rebates unpaid current year								X X X	
5.6 Fee-for-service and co-pay revenue								X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	117,583,449	269,996,463	873,683,435		104,099,349	20,243,984	1,385,606,681	X X X	1,385,606,681
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology	715,660	1,133,993	3,941,441		47,491	378,977	6,217,562	1,796,843	8,014,405
6.2 Type B. Health Information Technology expenses related to health improvement	225,328	581,102	1,136,505		225,302	270,065	2,438,302	859,294	3,297,596
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	940,988	1,715,095	5,077,946		272,793	649,042	8,655,864	2,656,137	11,312,001
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.775	0.754	0.914	X X X	X X X	X X X	X X X	X X X	X X X
8. Claim Adjustment Expenses:									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.3	3,598,680	7,043,671	9,410,059		2,541,311	1,202,142	23,795,863	9,083,967	32,879,830
8.2 All other claims adjustment expenses	6,603,685	13,052,041	14,650,349		5,055,094	1,871,261	41,232,430	24,973,233	66,205,663
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	10,202,365	20,095,712	24,060,408		7,596,405	3,073,403	65,028,293	34,057,200	99,085,493
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.067	0.056	0.025		0.057	0.111	X X X	X X X	X X X
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits	883,083	2,770,466	3,300,471		1,288,800	66,206	8,309,026	3,271,375	11,580,401
10.2 Agents and brokers fees and commissions	7,863,130	22,445,655	14,563,482		3,928,612	1,820,512	50,621,391	1,731,907	52,353,298
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	417,572	1,043,155	2,058,002		499,757	36,061	4,054,547	1,268,469	5,323,016
10.4 Other general and administrative expenses	10,588,326	11,163,100	31,847,034		7,040,741	363,587	61,002,788	24,523,838	85,526,626
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	19,752,111	37,422,376	51,768,989		12,757,910	2,286,366	123,987,752	30,795,589	154,783,341
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	4,485,544	31,200,991	7,266,595		7,613,780	(1,808,275)	48,758,635	X X X	(13,173,706)
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	53,202,012
13. Net investment and other gain(loss)	X X X	X X X	X X X	X X X	X X X	X X X	9,375,289	X X X	9,375,289
14. Federal income taxes (excluding taxes on Line 1.5 above)	(1,029,127)	(7,158,506)	(1,667,189)		(1,746,845)	414,876	(11,186,791)	2,003,017	(9,183,774)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	69,320,715	X X X	58,587,369
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)	3,196	6,329	9,185		2,377	4,358	25,445	4,213	29,658
O. OTHER INDICATORS:									
O1. Number of certificates / policies	43,416	59,368	123,601		119,501	53,598	399,484	89,119	488,603
O2. Number of Covered Lives	72,255	94,554	227,490		165,147	97,883	657,329	193,169	850,498
O3. Number of Groups	X X X	9,401	425		66	2,441	12,333	87	12,420
O4. Member Months	852,237	1,117,644	2,693,190		1,947,506	1,110,428	7,721,005	2,263,192	9,984,197

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SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purpose)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION: Chicago, IL 60601-5099

NAIC Group Code 0917

BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2010

NAIC Company Code 70670

		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	160,910,018	397,292,054	998,184,076		139,780,245	26,936,456	1,723,102,850
1.2	Unearned premium prior year	18,364,765	48,873,053	122,792,045		112,713		190,142,576
1.3	Unearned premium current year	20,189,010	58,146,746	146,091,912		123,909		224,551,576
1.4	Change in unearned premium (Lines 1.2 - 1.3)	(1,824,245)	(9,273,692)	(23,299,867)		(11,196)		(34,409,000)
1.5	Reserve for rate credits prior year	X X X	X X X	X X X	X X X	X X X	X X X	X X X
1.6	Reserve for rate credits current year	X X X	X X X	X X X	X X X	X X X	X X X	X X X
1.7	Change in reserve for rate credits (Lines 1.5 - 1.6)	X X X	X X X	X X X	X X X	X X X	X X X	X X X
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$.....0 write offs)	159,085,773	388,018,362	974,884,210		139,769,049	26,936,456	1,688,693,850
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						3,120,820	3,120,820
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)	159,085,773	388,018,362	974,884,210		139,769,049	23,815,636	1,685,573,030
2.	Direct Claims Incurred:							
2.1	Paid claims during the year	117,149,766	273,114,478	878,382,377		104,611,518	21,832,774	1,395,090,914
2.2	Direct claim liability current year	16,442,650	33,081,063	94,466,583		16,994,350	7,926,000	168,910,646
2.3	Direct claim liability prior year	16,008,481	35,520,136	98,225,626		17,506,519	7,126,000	174,386,762
2.4	Direct claim reserves current year							
2.5	Direct claim reserves prior year							
2.6	Direct contract reserves current year						20,420,000	20,420,000
2.7	Direct contract reserves prior year						18,738,000	18,738,000
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b - 2.8c)							
	A. Paid medical incentive pools and bonuses current year							
	B. Accrued medical incentive pools and bonuses current year							
	C. Accrued medical incentive pools and bonuses prior year							
2.9	Net healthcare receivables (Lines 2.9a - 2.9b)	486	678,942	939,899				1,619,327
	A. Healthcare receivables current year	31,144	2,311,444	3,199,867				5,542,455
	B. Healthcare receivables prior year	30,659	1,632,502	2,259,968				3,923,128
2.10	Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	117,583,449	269,996,463	873,683,435		104,099,349	24,314,774	1,389,677,471
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						4,070,790	4,070,790
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)	117,583,449	269,996,463	873,683,435		104,099,349	20,243,984	1,385,606,681
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	16,362	29,698	61,300		22,642	55,183	185,185

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION: Chicago, IL 60601-5099

BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2010

NAIC Group Code 0917

NAIC Company Code 70670

3A	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Active 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
A01.	Individual Comprehensive Coverage Expenses:										
A01.01	Salaries (including \$.....0 for affiliated services)	143,728	190,532	29,836	197,129	118,710	679,935	1,331,512	2,971,658	6,518,197	11,501,302
A01.02	Outsourced Services	1,648	2,184	342	2,114	5,691	11,979	107,960	1,386,774	1,185,127	2,691,840
A01.03	EDP Equipment and Software (incl \$.....0 for affiliated services)					1,455	1,455	35,987	132,074	197,521	367,037
A01.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)					4,430	4,430	35,987	264,147	592,563	897,127
A01.05	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
A01.06	Other Expenses (incl \$.....0 for affiliated services)	36,680	54,875	7,614	48,978	95,043	243,190	2,087,234	1,849,032	11,258,703	15,438,159
A01.07	Subtotal before Reimbursements and Taxes (1.1 to 1.6)	182,056	247,591	37,792	248,221	225,329	940,989	3,598,680	6,603,685	19,752,111	30,895,465
A01.08	Reimbursements by uninsured plans and fiscal intermediaries										
A01.09	Taxes, Licenses and Fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	417,572
A01.10	Total (1.7 to 1.9)	182,056	247,591	37,792	248,221	225,329	940,989	3,598,680	6,603,685	19,752,111	31,313,037
A01.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)							11,209			11,209
A02.	Small Group Comprehensive Coverage Expenses:										
A02.01	Salaries (including \$.....0 for affiliated services)	200,298	265,523	41,580	254,808	175,317	937,526	2,606,158	5,873,418	12,349,384	21,766,486
A02.02	Outsourced Services	4,663	6,182	968	5,932	12,860	30,605	211,310	2,740,929	2,245,343	5,228,187
A02.03	EDP Equipment and Software (incl \$.....0 for affiliated services)					3,848	3,848	70,437	261,041	374,224	709,550
A02.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)					8,065	8,065	70,437	522,082	1,122,671	1,723,255
A02.05	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
A02.06	Other Expenses (incl \$.....0 for affiliated services)	74,986	122,276	15,567	141,210	381,011	735,050	4,085,329	3,654,571	21,330,754	29,805,704
A02.07	Subtotal before Reimbursements and Taxes (2.1 to 2.6)	279,947	393,981	58,115	401,950	581,101	1,715,094	7,043,671	13,052,041	37,422,376	59,233,182
A02.08	Reimbursements by uninsured plans and fiscal intermediaries										
A02.09	Taxes, Licenses and Fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,043,155
A02.10	Total (2.7 to 2.9)	279,947	393,981	58,115	401,950	581,101	1,715,094	7,043,671	13,052,041	37,422,376	60,276,337
A02.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)							19,955			19,955
A03.	Large Group Comprehensive Coverage Expenses:										
A03.01	Salaries (including \$.....0 for affiliated services)	574,823	762,008	119,325	744,688	407,509	2,608,353	3,481,722	6,592,657	17,083,766	29,766,498
A03.02	Outsourced Services	8,779	11,638	1,823	11,186	20,082	53,508	282,302	3,076,573	3,106,139	6,518,522
A03.03	EDP Equipment and Software (incl \$.....0 for affiliated services)					8,426	8,426	94,101	293,007	517,690	913,224
A03.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)					21,132	21,132	94,101	586,014	1,553,070	2,254,317
A03.05	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
A03.06	Other Expenses (incl \$.....0 for affiliated services)	419,228	614,113	87,025	586,805	679,355	2,386,526	5,457,834	4,102,098	29,508,324	41,454,782
A03.07	Subtotal before Reimbursements and Taxes (3.1 to 3.6)	1,002,830	1,387,759	208,173	1,342,679	1,136,504	5,077,945	9,410,060	14,650,349	51,768,989	80,907,343
A03.08	Reimbursements by uninsured plans and fiscal intermediaries										
A03.09	Taxes, Licenses and Fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,058,002
A03.10	Total (3.7 to 3.9)	1,002,830	1,387,759	208,173	1,342,679	1,136,504	5,077,945	9,410,060	14,650,349	51,768,989	82,965,345
A03.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)							79,498			79,498
3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses									
		1 Improve Health Outcomes	2 Active to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 Total (1 to 4)					
B01.	Individual Comprehensive Coverage Expenses:										
B01.01	HIT expenses	57,321	77,955	11,899	78,153	225,328					
B01.02	Other than HIT expenses	182,056	247,591	37,792	248,221	715,660					
B02.	Small Group Comprehensive Coverage Expenses:										
B02.01	HIT expenses	143,456	201,891	29,780	205,975	581,102					
B02.02	Other than HIT expenses	279,947	393,981	58,115	401,950	1,133,993					
B03.	Large Group Comprehensive Coverage Expenses:										
B03.01	HIT expenses	289,164	400,157	60,026	387,158	1,136,505					
B03.02	Other than HIT expenses	1,002,830	1,387,759	208,173	1,342,679	3,941,441					
B04.	Subtotals/Totals:										
B04.01	Subtotals HIT expenses (Line 1.1 + 2.1 + 3.1)	489,941	680,003	101,705	671,286	1,942,935					
B04.02	Subtotals Other than HIT expenses (Line 1.2 + 2.2 + 3.2)	1,464,833	2,029,331	304,080	1,992,850	5,791,094					
B04.03	Total (Lines 4.1 + 4.2)	1,954,774	2,709,334	405,785	2,664,136	7,734,029					

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SUPPLEMENT FOR THE YEAR 2010 OF THE TIME INSURANCE COMPANY
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION

TIME INSURANCE COMPANY

2. 501 West Michigan Street Milwaukee, WI 53203

NAIC Group Code	0019	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR						(LOCATION)		
				2010			2010			NAIC Company Code	69477	
				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 through 6)	Uninsured Plans	Total 7 + 8
1.	Premium:											
1.1	Health premiums earned (From Part 2, Line 1.8)			25,038,585	2,050,107			841,876	3,939,079	31,869,647	XXX	31,869,647
1.2	Federal high risk pools										XXX	
1.3	State high risk pools			(126,246)	(8,650)			(2,614)	116,244	(153,754)	XXX	(153,754)
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)			24,912,339	2,041,457			839,262	3,922,835	31,715,893	XXX	31,715,893
1.5	Federal taxes and federal assessments			(1,459,277)	(107,738)			(8,012)	1,106,559	(468,468)		(468,468)
1.6	State insurance, premium and other taxes (Similar local taxes of \$ 0)			414,257	33,829			13,753	57,892	519,731		519,731
1.7	Regulatory authority licenses and fees			31,822	5,179			2,154	4,426	43,581		43,581
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)			25,925,536	2,110,187			831,367	2,753,959	31,621,049	XXX	31,621,049
1.9	Net Assumed less Ceded reinsurance premiums earned								(446,392)	(446,392)	XXX	(446,392)
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)			25,925,536	2,110,187			831,367	2,307,567	31,174,657	XXX	31,174,657
2.	Claims:											
2.1	Incurred claims excluding prescription drugs			16,567,184	1,621,207			422,116	2,845,730	21,456,237	XXX	21,456,237
2.2	Prescription drugs			1,352,290	230,341				121,813	1,704,444	XXX	1,704,444
2.3	Pharmaceutical rebates			258,767	26,037			(2)	23,345	308,147	XXX	308,147
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)			17,660,707	1,825,511			422,118	2,944,198	22,852,534	XXX	22,852,534
5.1	Net Assumed less Ceded reinsurance claims incurred								(1,878,880)	(1,878,880)	XXX	(1,878,880)
5.2	Other Adjustments due to MLR calculations - Claims			45,277	2,229			1,498	1,359	50,363	XXX	50,363
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										XXX	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)			17,705,984	1,827,740			423,616	1,066,677	21,024,017	XXX	21,024,017
6.	Improving Health Care Quality Expenses Incurred:											
6.1	Type A. Expenses for health improvements other than Health Information Technology			21,785	930			771	2,803	26,289		26,289
6.2	Type B. Health Information Technology expenses related to health improvement			19,381	477			264	2,494	22,616		22,616
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)			41,166	1,407			1,035	5,297	48,905		48,905
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.3)/Line 1.8)			0.683	0.866	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			961,383	56,059			62,705	123,965	1,204,112		1,204,112
8.2	All other claims adjustment expenses			221,136	30,864			15,177	28,453	295,630		295,630
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)			1,182,519	86,923			77,882	152,419	1,499,742		1,499,742
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)			0.046	0.041	0.000	0.000	0.094	0.055	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:											
10.1	Direct sales salaries and benefits			172,393	34,621			5,677	22,182	234,872		234,872
10.2	Agents and brokers fees and commissions			2,483,605	158,170			167,397	265,240	3,174,411		3,174,411
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)			155,946	10,761			32,929	20,066	219,702		219,702
10.4	Other general and administrative expenses			4,194,756	241,129			264,679	540,639	5,241,204		5,241,204
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)			7,006,700	444,681			470,681	948,127	8,870,189		8,870,189
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)			(10,832)	(250,564)			(141,847)	135,048	(268,195)	XXX	(268,195)
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	1,042,817	XXX	1,042,817
14.	Federal income taxes (excluding taxes on Line 1.5 above)			232,615	15,104			5,732	29,612	283,064		283,064
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)			XXX	XXX	XXX	XXX	XXX	XXX	491,559	XXX	491,559
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)											
OTHER INDICATORS:												
1.	Number of certificates/policies			5,585	308			492	1,746	8,131		8,131
2.	Number of Covered Lives			10,011	503			626	2,634	13,774		13,774
3.	Number of Groups			XXX	78				49	127		127
4.	Member Months			131,572	5,395			7,042	33,716	177,725		177,725

216.1.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE TIME INSURANCE COMPANY
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

TIME INSURANCE COMPANY

2. 501 West Michigan Street Milwaukee, WI 53203

NAIC Group Code	0019	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR			2010		(LOCATION)	69477	
				Comprehensive Health Coverage			4	5	6		7
				1	2	3	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health		Total
1.											
1.1				24,935,388	2,048,722			840,005	3,928,317	31,752,432	
1.2				1,469,319	2,192			62,622	286,153	1,820,286	
1.3				1,366,122	807			60,751	275,391	1,703,071	
1.4				103,197	1,385			1,871	10,762	117,215	
1.5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.6				XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.7				XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.8			0 write offs	25,038,585	2,050,107			841,876	3,939,079	31,869,647	
1.9											
1.10											
1.11									446,392	446,392	
1.12											
1.13				25,038,585	2,050,107			841,876	3,492,687	31,423,255	
2.											
2.1				18,228,720	1,807,773			559,256	1,777,435	22,373,184	
2.2				3,525,134	287,289			124,191	461,238	4,397,852	
2.3				4,019,347	273,723			255,318	487,236	5,035,624	
2.4					10,359			814	40	11,213	
2.5				70,541	6,333			7,329	52	84,255	
2.6									6,915,919	6,915,919	
2.7				9,385					5,723,699	5,733,084	
2.8											
2.8a											
2.8b											
2.8c											
2.9				(6,126)	(151)			(504)	(553)	(7,334)	
2.9a				68,134	6,624				6,147	80,905	
2.9b				74,260	6,775			504	6,700	88,239	
2.10				17,660,707	1,825,516			422,118	2,944,198	22,852,539	
2.11											
2.12											
2.13									1,878,880	1,878,880	
2.14				45,277	2,229			1,498	1,359	50,363	
2.15				17,705,984	1,827,745			423,616	1,066,677	21,024,022	
3.											

216.2.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE TIME INSURANCE COMPANY
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION TIME INSURANCE COMPANY 2. 501 West Michigan Street Milwaukee, WI 53203

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR			(LOCATION)		NAIC Company Code		
0019		Oklahoma		2010			69477		69477		
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 \$.0 for affiliated services)	6,977	5,450	2,618	4,347	2,610	22,002	227,974	104,884	2,040,906	2,395,765
	1.2 Outsourced Services							78,756	94,006	565,244	738,007
	1.3 EDP Equipment and Software (incl \$.0 for affiliated services)	215	167	77	121	79	659	34,356	5,106	21,094	61,215
	1.4 Other Equipment (excl. EDP) (incl \$.0 for affiliated services)							13		1,044	1,057
	1.5 Accreditation and Certification (incl \$.0 for affiliated services)		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$.0 for affiliated services)	655	510	245	403	16,691	18,504	620,283	17,140	1,738,862	2,394,789
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	7,847	6,127	2,940	4,871	19,380	41,165	961,383	221,136	4,367,149	5,590,833
	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	155,946
	1.10 Total (1.7 to 1.9)	7,847	6,127	2,940	4,871	19,380	41,165	961,383	221,136	4,367,149	5,746,780
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$.0 for affiliated services)	228	198	123	281	187	1,017	15,533	15,388	154,268	186,206
	2.2 Outsourced Services							7,909	12,181	51,645	71,735
	2.3 EDP Equipment and Software (incl \$.0 for affiliated services)	7	6	3	8	5	29	1,654	722	1,959	4,364
	2.4 Other Equipment (excl. EDP) (incl \$.0 for affiliated services)							1	10	80	91
	2.5 Accreditation and Certification (incl \$.0 for affiliated services)		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$.0 for affiliated services)	21	18	11	26	284	360	30,962	2,563	67,798	101,683
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	256	222	137	315	476	1,406	56,059	30,864	275,750	364,079
	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	10,761
	2.10 Total (2.7 to 2.9)	256	222	137	315	476	1,406	56,059	30,864	275,750	374,840
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$.0 for affiliated services)										
	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)										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)										
	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)										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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	6,982	5,451	2,615	4,333	19,381
	1.2 Other than HIT expenses	7,847	6,127	2,940	4,871	21,785
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT Expenses	131	114	71	161	477
	2.2 Other than HIT expenses	256	222	137	315	930
3.	Large Group Comprehensive Coverage Expenses:					
	3.1 HIT Expenses					
	3.2 Other than HIT expenses					
4.	Subtotals/Totals:					
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	7,113	5,565	2,686	4,494	19,858
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	8,103	6,349	3,077	5,186	22,715
	4.3 Total (Lines 4.1 + 4.2)	15,216	11,913	5,763	9,681	42,573

216.3.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE Golden Rule Insurance Company
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION

Golden Rule Insurance Company

2. 7440 Woodland Dr Indianapolis, IN 46278

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Oklahoma	Comprehensive Health Coverage			DURING THE YEAR			(LOCATION)		
				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 through 6)	Uninsured Plans	Total 7 + 8
1. Premium:												
1.1		Health premiums earned (From Part 2, Line 1.8)		24,806,150	0	0	0	1,098,486	330,089	26,234,725	XXX	26,234,725
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)		24,806,150	0	0	0	1,098,486	330,089	26,234,725	XXX	26,234,725
1.5		Federal taxes and federal assessments		2,872,390	0	0	0	57,421	7,947	2,947,758		2,947,758
1.6		State insurance, premium and other taxes (Similar local taxes of \$)		761,892	0	0	0	33,470	9,644	805,006		805,006
1.7		Regulatory authority licenses and fees								0		0
1.8		Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)		21,171,868	0	0	0	997,596	312,498	22,481,961	XXX	22,481,961
1.9		Net Assumed less Ceded reinsurance premiums earned		0	0	0	0	0	(4,495)	(4,495)	XXX	(4,495)
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)		21,171,868	0	0	0	997,596	308,002	22,477,466	XXX	22,477,466
2. Claims:												
2.1		Incurred claims excluding prescription drugs		10,743,752	0	0	0	682,797	174,397	11,600,946	XXX	11,600,946
2.2		Prescription drugs		550,367	0	0	0	34,977	9,934	594,278	XXX	594,278
2.3		Pharmaceutical rebates		156,181	0	0	0	9,926	2,535	168,642	XXX	168,642
2.4		State stop loss, market stabilization and claim/census based assessments								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
5.		5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)		11,137,938	0	0	0	707,848	180,796	12,026,583	XXX	12,026,583
5.1		Net Assumed less Ceded reinsurance claims incurred		0	0	0	0	0	(5,772)	(5,772)	XXX	(5,772)
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)		11,137,938	0	0	0	707,848	175,024	12,020,811	XXX	12,020,811
6. Improving Health Care Quality Expenses Incurred:												
6.1		Type A. Expenses for health improvements other than Health Information Technology		12,996	0	0	0	535	424	13,956		13,956
6.2		Type B. Health Information Technology expenses related to health improvement		2,582	0	0	0	97	132	2,811		2,811
6.3		Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)		15,578	0	0	0	633	556	16,767	0	16,767
7.		Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.3)/Line 1.8)		0.527	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		421,211	0	0	0	8,845	3,436	433,492		433,492
8.2		All other claims adjustment expenses		175,815	0	0	0	11,128	25,800	212,743		212,743
8.3		Total claims adjustment expenses (Lines 8.1 + 8.2)		597,026	0	0	0	19,973	29,236	646,236	0	646,236
9.		Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)		0.028	0.000	0.000	0.000	0.020	0.094	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:												
10.1		Direct sales salaries and benefits		122,196	0	0	0	5,292	1,575	129,062		129,062
10.2		Agents and brokers fees and commissions		2,524,736	0	0	0	63,230	60,391	2,648,357		2,648,357
10.3		Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)		121	0	0	0	5	2	129		129
10.4		Other general and administrative expenses		1,458,920	0	0	0	75,935	28,484	1,563,338		1,563,338
10.5		Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)		4,105,973	0	0	0	144,462	90,451	4,340,886	0	4,340,886
11.		Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)		5,315,352	0	0	0	124,680	12,735	5,452,767	XXX	5,452,767
12.		Income from fees of uninsured plans		XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.		Net investment and other gain/(loss)		XXX	XXX	XXX	XXX	XXX	XXX	323,631	XXX	323,631
14.		Federal income taxes (excluding taxes on Line 1.5 above)						56,541		56,541		56,541
15.		Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	5,719,857	XXX	5,719,857
16.		ICD-10 Implementation Expenses (informational only; already included in general expenses)								0		0
OTHER INDICATORS:												
1.		Number of certificates/policies		6,163	0	0	0	663	448	7,274		7,274
2.		Number of Covered Lives		11,073	0	0	0	841	700	12,614		12,614
3.		Number of Groups		XXX						0		0
4.		Member Months		114,472	0	0	0	8,949	5,884	129,305		129,305

216.1.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE Golden Rule Insurance Company
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

Golden Rule Insurance Company

2. 7440 Woodland Dr Indianapolis, IN 46278

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR 2010						
				(LOCATION)						
				NAIC Company Code 62286						
				Comprehensive Health Coverage			4	5	6	7
				1	2	3	4	5	6	7
				Individual	Small Group Employer	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	25,030,712	0					1,108,430	333,077	26,472,219
1.2	Unearned premium prior year	1,466,015	0					64,919	19,508	1,550,442
1.3	Unearned premium current year	1,690,577	0					74,864	22,496	1,787,937
1.4	Change in unearned premium (Lines 1.2 - 1.3)	(224,562)	0				0	(9,944)	(2,988)	(237,494)
1.5	Reserve for rate credits prior year	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.7	Change in reserve for rate credits (Lines 1.5 - 1.6)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.8	Total direct premiums earned (Lines 1.1 + 1.4) less \$ 0 write offs	24,806,150	0	0	0	0	0	1,098,486	330,089	26,234,725
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								4,495	4,495
1.12	Other Adjustments due to MLR calculation - Premiums									0
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12)	24,806,150	0	0	0	0	0	1,098,486	325,594	26,230,229
2. Direct Claims Incurred:										
2.1	Paid claims during the year	11,008,563	0					699,626	178,696	11,886,885
2.2	Direct claim liability current year	1,815,952	0					115,409	29,477	1,960,838
2.3	Direct claim liability prior year	1,682,144	0					106,905	27,305	1,816,355
2.4	Direct claim reserves current year	48,771	0					3,100	792	52,663
2.5	Direct claim reserves prior year	51,391	0					3,266	834	55,492
2.6	Direct contract reserves current year	163,270	0					10,376	2,650	176,297
2.7	Direct contract reserves prior year	160,845	0					10,222	2,611	173,679
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b - 2.8c)	0	0	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)	4,237	0	0	0	0	0	269	69	4,575
2.9a	Healthcare receivables current year	9,434	0					600	153	10,186
2.9b	Healthcare receivables prior year	5,197	0					330	84	5,611
2.10	Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	11,137,938	0	0	0	0	0	707,848	180,796	12,026,583
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								5,772	5,772
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)	11,137,938	0	0	0	0	0	707,848	175,024	12,020,811
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)										
0										

216.2.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE Golden Rule Insurance Company
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

Golden Rule Insurance Company

2. 7440 Woodland Dr Indianapolis, IN 46278

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR			(LOCATION)		NAIC Company Code		
0707		Oklahoma		2010			62286				
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	58,405	35,556	1,010,198	1,104,159
	1.2 Outsourced Services _____						.0	80,456	.38	9,040	89,534
	1.3 EDP Equipment and Software (incl \$ _____ for affiliated services) _____						.0	256	23,299	75,142	98,698
	1.4 Other Equipment (excl. EDP) (incl \$ _____ for affiliated services) _____						.0	24	21,778	1,424	23,226
	1.5 Accreditation and Certification (incl \$ _____ for affiliated services) _____		XXX	XXX	XXX	XXX	.0	519	.0	1,673	2,192
	1.6 Other Expenses (incl \$ _____ for affiliated services) _____	10,344	1,177	1,137	338	2,582	15,578	281,551	95,143	3,008,496	3,400,768
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6) _____	10,344	1,177	1,137	338	2,582	15,578	421,211	175,815	4,105,973	4,718,577
	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	621,089
	1.10 Total (1.7 to 1.9) _____	10,344	1,177	1,137	338	2,582	15,578	421,211	175,815	4,105,973	5,339,676
	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	.0	.0	.0
	2.2 Outsourced Services _____						.0	.0	.0	.0	.0
	2.3 EDP Equipment and Software (incl \$ _____ for affiliated services) _____						.0	.0	.0	.0	.0
	2.4 Other Equipment (excl. EDP) (incl \$ _____ for affiliated services) _____						.0	.0	.0	.0	.0
	2.5 Accreditation and Certification (incl \$ _____ for affiliated services) _____		XXX	XXX	XXX	XXX	.0	.0	.0	.0	.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 (Lines 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	.0				.0
	3.6 Other Expenses (incl \$ _____ for affiliated services) _____	.0	.0	.0	.0	.0	.0				.0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6) _____	.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

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 _____	2,353	86	86	58	2,582
	1.2 Other than HIT expenses _____	10,344	1,177	1,137	338	12,996
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) _____	2,353	86	86	58	2,582
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2) _____	10,344	1,177	1,137	338	12,996
	4.3 Total (Lines 4.1 + 4.2) _____	12,697	1,263	1,222	396	15,578

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SUPPLEMENT FOR THE YEAR 2010 OF THE American Medical Security Life Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION

American Medical Security Life Insurance Company

2. 3100 AMS Boulevard Green Bay, WI 54313

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Oklahoma	Comprehensive Health Coverage			DURING THE YEAR			2010	(LOCATION)	NAIC Company Code	97179
				1	2	3	4	5	6	7	8		
				Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols. 1 through 6)	Uninsured Plans	Total 7 + 8	
1. Premium:													
1.1 Health premiums earned (From Part 2, Line 1.8)				13,778,423					69,998	13,848,422	XXX	13,848,422	
1.2 Federal high risk pools				(124,725)						(124,725)	XXX	(124,725)	
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)				13,653,698					69,998	13,723,696	XXX	13,723,696	
1.5 Federal taxes and federal assessments				1,062,615	324				7,159	1,070,098		1,070,098	
1.6 State insurance, premium and other taxes (Similar local taxes of \$)				317,082					1,286	318,368		318,368	
1.7 Regulatory authority licenses and fees													
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)				12,274,002	(324)				61,553	12,335,231	XXX	12,335,231	
1.9 Net Assumed less Ceded reinsurance premiums earned				(23,828)						(23,828)	XXX	(23,828)	
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)				12,250,174	(324)				61,553	12,311,403	XXX	12,311,403	
2. Claims:													
2.1 Incurred claims excluding prescription drugs				7,642,337	(1,178)				30,427	7,671,585	XXX	7,671,585	
2.2 Prescription drugs				543,314						543,314	XXX	543,314	
2.3 Pharmaceutical rebates				146,348						146,348	XXX	146,348	
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)				8,039,303	(1,178)				30,427	8,068,551	XXX	8,068,551	
5.1 Net Assumed less Ceded reinsurance claims incurred				(27,004)						(27,004)	XXX	(27,004)	
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											XXX		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)				8,012,299	(1,178)				30,427	8,041,547	XXX	8,041,547	
6. Improving Health Care Quality Expenses Incurred:													
6.1 Type A. Expenses for health improvements other than Health Information Technology				9,353						9,353		9,353	
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)				9,353						9,353		9,353	
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.3)/Line 1.8)				0.656	3.638	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				62,841						62,841		62,841	
8.2 All other claims adjustment expenses				205,751						205,751		205,751	
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)				268,592						268,592		268,592	
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)				0.022	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													
10.2 Agents and brokers fees and commissions				542,039					3,160	545,199		545,199	
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													
10.4 Other general and administrative expenses				790,703					12,625	803,329		803,329	
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)				1,332,742					15,786	1,348,528		1,348,528	
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)				2,627,189	854					15,341	2,643,384	XXX	2,643,384
12. Income from fees of uninsured plans				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Net investment and other gain/(loss)				XXX	XXX	XXX	XXX	XXX	XXX	247,350	XXX	247,350	
14. Federal income taxes (excluding taxes on Line 1.5 above)								59,755		59,755		59,755	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)				XXX	XXX	XXX	XXX	XXX	XXX	2,830,979	XXX	2,830,979	
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)													
OTHER INDICATORS:													
1. Number of certificates/policies				2,369							2,369	2,369	
2. Number of Covered Lives				4,833							4,833	4,833	
3. Number of Groups				XXX									
4. Member Months				66,405					2,011	68,416		68,416	

216.1 OK



SUPPLEMENT FOR THE YEAR 2010 OF THE American Medical Security Life Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

American Medical Security Life Insurance Company

2. 3100 AMS Boulevard Green Bay, WI 54313

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR				(LOCATION)									
				2010				NAIC Company Code									
								97179									
				Comprehensive Health Coverage			4	5	6	7							
				1	2	3	4	5	6	7							
				Individual	Small Group Employer	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										13,778,423					69,998	13,848,422
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) less \$ 0 write offs										13,778,423					69,998	13,848,422
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										23,828						23,828
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)										13,754,596					69,998	13,824,594
2.	Direct Claims Incurred:																
2.1	Paid claims during the year										8,599,361	(1,178)				31,474	8,629,656
2.2	Direct claim liability current year										1,373,017					1,414	1,374,432
2.3	Direct claim liability prior year										1,924,469					2,462	1,926,931
2.4	Direct claim reserves current year										48,048						48,048
2.5	Direct claim reserves prior year										54,250						54,250
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)										2,404						2,404
2.9a	Healthcare receivables current year										57,337						57,337
2.9b	Healthcare receivables prior year										54,932						54,932
2.10	Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)										8,039,303	(1,178)				30,427	8,068,551
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										27,004						27,004
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)										8,012,299	(1,178)				30,427	8,041,547
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																



SUPPLEMENT FOR THE YEAR 2010 OF THE American Medical Security Life Insurance Company
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

American Medical Security Life Insurance Company

2. 3100 AMS Boulevard Green Bay, WI 54313

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR						(LOCATION)	
0707		Oklahoma		2010						NAIC Company Code 97179	
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)								170,703	510,745	681,448
	1.2 Outsourced Services									25,269	25,269
	1.3 EDP Equipment and Software (incl \$ _____ for affiliated services)									40,549	40,549
	1.4 Other Equipment (excl. EDP) (incl \$ _____ for affiliated services)									7,891	7,891
	1.5 Accreditation and Certification (incl \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$ _____ for affiliated services)	8,223		1,129			9,353	62,841	35,048	748,288	855,530
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	8,223		1,129			9,353	62,841	205,751	1,332,742	1,610,687
	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	317,082
	1.10 Total (1.7 to 1.9)	8,223		1,129			9,353	62,841	205,751	1,332,742	1,927,768
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ _____ for affiliated services)										
	2.2 Outsourced Services										
	2.3 EDP Equipment and Software (incl \$ _____ for affiliated services)										
	2.4 Other Equipment (excl. EDP) (incl \$ _____ for affiliated services)										
	2.5 Accreditation and Certification (incl \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$ _____ for affiliated services)										
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)										
	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)										
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ _____ for affiliated services)										
	3.2 Outsourced Services										
	3.3 EDP Equipment and Software (incl \$ _____ for affiliated services)										
	3.4 Other Equipment (excl. EDP) (incl \$ _____ for affiliated services)										
	3.5 Accreditation and Certification (incl \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	3.6 Other Expenses (incl \$ _____ for affiliated services)										
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)										
	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)										
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

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					
	1.2 Other than HIT expenses	8,223		1,129		9,353
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT Expenses					
	2.2 Other than HIT expenses					
3.	Large Group Comprehensive Coverage Expenses:					
	3.1 HIT Expenses					
	3.2 Other than HIT expenses					
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)	8,223		1,129		9,353
	4.3 Total (Lines 4.1 + 4.2)	8,223		1,129		9,353

216.3.OK

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



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

REPORT: 1. CORPORATION: THE MEGA LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION: OKLAHOMA CITY OK

NAIC Group Code....264

BUSINESS IN THE STATE OF OKLAHOMA

DURING THE YEAR 2010

NAIC Company Code....97055

	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 (Cols 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)	11,892,473	25,017	0	0	188,943	463,869	12,570,302	XXX	12,570,302
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)	11,892,473	25,017	0	0	188,943	463,869	12,570,302	XXX	12,570,302
1.5 Federal taxes and federal assessments	1,170,297	(6,354)			30,887	(30,288)	1,164,543		1,164,543
1.6 State insurance, premium and other taxes (Similar local taxes of \$ 0)	301,061	640			4,790	11,812	318,303		318,303
1.7 Regulatory authority licenses and fees	2,467	5			39	97	2,608		2,608
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	10,418,648	30,726	0	0	153,227	482,248	11,084,848	XXX	11,084,848
1.9 Net assumed less ceded reinsurance premiums earned	(155,275)	(11,390)	0	0	0	(2,050)	(168,715)	XXX	(168,715)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	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)	10,263,373	19,335	0	0	153,227	480,197	10,916,133	XXX	10,916,133
2. Claims:									
2.1 Incurred claims excluding prescription drugs	4,791,962	57,817			842	299,210	5,149,831	XXX	5,149,831
2.2 Prescription drugs	713,347					31,781	745,128	XXX	745,128
2.3 Pharmaceutical rebates	124,118					5,405	129,523	XXX	129,523
2.4 State stop loss, market stabilization and claim/census based assessments							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)	74,423	755	0	0	84	2,969	78,231		78,231
5.0 Total incurred claims (Lines 2.1+2.2-2.3-2.4+3) (From Part 2, Line 2.10)	5,381,191	57,817	0	0	842	325,586	5,765,436	XXX	5,765,436
5.1 Net assumed less ceded reinsurance claims incurred	(15,941)	(29,976)	0	0	0	(774)	(46,692)	XXX	(46,692)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	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)	5,365,250	27,841	0	0	842	324,812	5,718,744	XXX	5,718,744
6. Improving health care quality expenses incurred:									
6.1 Type A. Expenses for health improvements other than health information technology	8,765	89	0	0	0	0	8,854		8,854
6.2 Type B. Health information technology expenses related to health improvement	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)	8,765	89	0	0	0	0	8,854	0	8,854
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.3) / Line 1.8	0.524	1.909	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	178,108	1,806			44	2,717	182,675		182,675
8.2 All other claims adjustment expenses	302,483	928			4	281	303,696		303,696
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	480,591	2,734	0	0	48	2,998	486,371	0	486,371
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.046	0.089	0.000	0.000	0.000	0.006	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	388,918	827			6,188	15,259	411,192		411,192
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	266,771	366			11,316	32,698	311,151		311,151
10.4 Other general and administrative expenses	1,153,420	1,592			66,223	171,711	1,392,946		1,392,946
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	1,809,109	2,785	0	0	83,727	219,668	2,115,289	0	2,115,289
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.3-8.3-10.5)	2,599,658	(14,113)	0	0	68,610	(67,280)	2,586,875	XXX	2,586,875
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	534,253	XXX	534,253
14. Federal income taxes (excluding taxes on Line 1.5 above)	111,797	462			668	52,920	165,847		165,847
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	2,955,281	XXX	2,955,281
16. ICD-10 Implementation Expenses (informational only, already included in general expenses)							0		0
OTHER INDICATORS:									
1. Number of certificates/policies	2,118	3			636	1,749	4,506		4,506
2. Number of covered lives	3,885	4			1,143	3,153	8,185		8,185
3. Number of groups	XXX	3					3		3
4. Member months	53,568	48			15,138	41,967	110,721		110,721

215.1.OK

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT: 1. CORPORATION: THE MEGA LIFE AND HEALTH INSURANCE COMPANY 2. LOCATION: OKLAHOMA CITY OK

NAIC Group Code....264

BUSINESS IN THE STATE OF OKLAHOMA

DURING THE YEAR 2010

NAIC Company Code....97055

	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.....	11,766,337	25,020			187,223	461,634	12,440,214
1.2 Unearned premium prior year.....	649,664	105			9,968	25,572	685,309
1.3 Unearned premium current year.....	523,528	108			8,248	23,337	555,221
1.4 Change in unearned premium (Lines 1.2-1.3).....	126,136	(3)	0	0	1,720	2,235	130,088
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).....	11,892,473	25,017	0	0	188,943	463,869	12,570,302
1.9 Assumed premiums earned from non-affiliates.....							0
1.10 Net assumed less ceded premiums earned from affiliates.....	(155,275)	(11,390)				(2,050)	(168,715)
1.11 Ceded premiums earned to non-affiliates.....							0
1.12 Other adjustments due to MLR calculation - premiums.....							0
1.13 Net premiums earned (Lines 1.8+1.9+1.10-1.11+1.12).....	11,737,198	13,627	0	0	188,943	461,819	12,401,587
2. Direct claims incurred:							
2.1 Paid claims during the year.....	6,428,114	65,186			7,242	256,450	6,756,992
2.2 Direct claim liability current year.....	2,745,576	12,168			10,788	18,021	2,786,553
2.3 Direct claim liability prior year.....	3,792,309	19,536			17,187	25,216	3,854,248
2.4 Direct claim reserves current year.....							0
2.5 Direct claim reserves prior year.....							0
2.6 Direct contract reserves current year.....	10,923	22				1,822,372	1,833,317
2.7 Direct contract reserves prior year.....	11,113	24				1,746,040	1,757,177
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).....	5,381,191	57,816	0	0	843	325,587	5,765,437
2.11 Assumed incurred claims from non-affiliates.....							0
2.12 Net assumed less ceded incurred claims from affiliates.....	(15,941)	(29,976)				(774)	(46,692)
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).....	5,365,250	27,840	0	0	843	324,813	5,718,745
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only).....	315,816	3,203			356	12,599	331,974

215.2.OK

Supplement for the year 2010 of the **THE MEGA LIFE AND HEALTH INSURANCE COMPANY**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT: 1. CORPORATION: THE MEGA LIFE AND HEALTH INSURANCE COMPANY

2. LOCATION: OKLAHOMA CITY OK

NAIC Group Code.....264

BUSINESS IN THE STATE OF OKLAHOMA

DURING THE YEAR 2010

NAIC Company Code.....97055

3A	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols 6 thru 9)	
		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 (Cols. 1 thru 5)	7 Cost Containment Expenses			8 Other Claim Adjustment Expenses
1. Individual comprehensive coverage expenses:											
1.1	Salaries (including \$.....0 for affiliated services)			5,315			5,315	108,005	183,428	699,440	996,188
1.2	Outsourced services			1			1	28	48	185	262
1.3	EDP equipment and software (including \$.....0 for affiliated services)			771			771	15,675	26,621	101,508	144,575
1.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)			(7)			(7)	(143)	(244)	(929)	(1,323)
1.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0	389	661	2,522	3,572
1.6	Other expenses (including \$.....0 for affiliated services)			2,652			2,652	53,507	90,872	346,510	493,541
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	8,732	0	0	8,732	177,461	301,386	1,149,236	1,636,815
1.8	Reimbursements by uninsured plans and fiscal intermediaries			32			32	646	1,097	4,184	5,959
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266,910
1.10	Total (Lines 1.7 to 1.9)	0	0	8,764	0	0	8,764	178,107	302,483	1,153,420	1,909,684
1.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	74,423			74,423
2. Small group comprehensive coverage expenses:											
2.1	Salaries (including \$.....0 for affiliated services)			54			54	1,095	563	966	2,678
2.2	Outsourced services						0				0
2.3	EDP equipment and software (including \$.....0 for affiliated services)			8			8	159	82	140	389
2.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)						0	(1)	(1)	(1)	(3)
2.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0	4	2	3	9
2.6	Other expenses (including \$.....0 for affiliated services)			27			27	543	279	478	1,327
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	89	0	0	89	1,800	925	1,586	4,400
2.8	Reimbursements by uninsured plans and fiscal intermediaries						0	7	3	6	16
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	366
2.10	Total (Lines 2.7 to 2.9)	0	0	89	0	0	89	1,807	928	1,592	4,782
2.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	755			755
3. Large group comprehensive coverage expenses:											
3.1	Salaries (including \$.....0 for affiliated services)						0				0
3.2	Outsourced services						0				0
3.3	EDP equipment and software (including \$.....0 for affiliated services)						0				0
3.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)						0				0
3.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6	Other expenses (including \$.....0 for affiliated services)						0				0
3.7	Subtotal before reimbursements and taxes (Lines 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 (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0

215.3.OK

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 (Cols. 1 thru 4)
1. Individual comprehensive coverage expenses:						
1.1	HIT expenses					0
1.2	Other than HIT expenses			8,765		8,765
2. Small group comprehensive coverage expenses:						
2.1	HIT expenses					0
2.2	Other than HIT expenses			89		89
3. Large group comprehensive coverage expenses:						
3.1	HIT expenses					0
3.2	Other than HI 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	8,854	0	8,854
4.3	Total (Lines 4.1+4.2)	0	0	8,854	0	8,854



SUPPLEMENT FOR THE YEAR 2010 OF THE Coventry Health and Life Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION Coventry Health and Life Insurance Company

2. LOCATION

NAIC Group Code 1137

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 81973

Table with columns for Comprehensive Health Coverage (Individual, Small Group Employer, Large Group Employer), Government Business, Other Business, Other Health, Subtotal, Uninsured Plans, and Total. Rows include Premium, Claims, Medical Loss Ratio, Claims Adjustment Expenses, and General and Administrative Expenses.

216-1.0K



SUPPLEMENT FOR THE YEAR 2010 OF THE Coventry Health and Life Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Coventry Health and Life Insurance Company

2. LOCATION _____

NAIC Group Code 1137

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 81973

		Comprehensive Health Coverage			DURING THE YEAR 2010		NAIC Company Code 81973	
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
1.	Health Premiums Earned:							
1.1	Direct premiums written.....	8,569,191	29,958,227	31,290,062	10,376,022		54,563	80,248,065
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).....	8,569,191	29,958,227	31,290,062	10,376,022		54,563	80,248,065
1.9	Assumed premiums earned from non-affiliates.....							
1.10	Net Assumed less Ceded premiums earned from affiliates.....		53,525	(55,169)				(1,644)
1.11	Ceded premiums earned to non-affiliates.....				482,811			482,811
1.12	Net Other Adjustments due to MLR calculation - Premiums.....							
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 - 1.12).....	8,569,191	30,011,752	31,234,893	9,893,211	0	54,563	79,763,610
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....	5,872,321	21,757,421	28,118,782	9,563,560		47,197	65,359,281
2.2	Direct claim liability current year.....	864,913	3,129,677	4,053,424	498,491			8,546,505
2.3	Direct claim liability prior year.....	949,764	3,041,267	3,938,919	1,813,053			9,743,003
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).....	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).....	5,787,470	21,845,831	28,233,287	8,248,998	0	47,197	64,162,783
2.11	Assumed Incurred Claims from non-affiliates.....							
2.12	Net Assumed less Ceded Incurred Claims from affiliates.....		108,006	(105,289)				2,717
2.13	Ceded Incurred Claims to non-affiliates.....				793			793
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).....	5,787,470	21,953,837	28,127,998	8,248,205	0	47,197	64,164,707
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only).....							

216-2.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE Coventry Health and Life Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Coventry Health and Life Insurance Company

2. LOCATION

NAIC Group Code 1137

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 61973

Table 3A: All Expenses. Columns include categories like Individual Comprehensive Coverage Expenses, Small Group Comprehensive Coverage Expenses, and Large Group Comprehensive Coverage Expenses. Rows list various expense types such as Salaries, Outsourced Services, and Equipment, with amounts for each category and a total.

Table 3B: Quality Improvement Expenses Only. Columns include categories like Improve Health Outcomes, Activities to Prevent Hospital Readmissions, and Improve Patient Safety. Rows list HIT expenses and other quality improvement costs, with a total for each category.

216-3.OK

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



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

REPORT: 1. CORPORATION: AETNA LIFE INSURANCE COMPANY

2. LOCATION: Hartford CT

NAIC Group Code....0001

BUSINESS IN THE STATE OF NEW YORK

DURING THE YEAR 2010

NAIC Company Code....60054

	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 (Cols 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)	5,900,803	71,023,383	94,716,174	20,073,212	5,356,863	176,670,682	373,741,117	XXX	373,741,117
1.2 Federal high risk pools							0	XXX	0
1.3 State high risk pools	(15,550)	(39,348)	(266,472)		(21,952)	(15,497)	(358,819)	XXX	(358,819)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	5,885,253	70,984,035	94,449,702	20,073,212	5,334,911	176,655,185	373,382,297	XXX	373,382,297
1.5 Federal taxes and federal assessments	433,973	2,455,314	2,192,533	1,436,313	50,270	3,263,124	9,831,527		9,831,527
1.6 State insurance, premium and other taxes (Similar local taxes of \$... 340,927)	114,255	1,153,690	1,798,412	191,469	137,726	2,848,513	6,244,065		6,244,065
1.7 Regulatory authority licenses and fees	12,131	119,497	169,867	27,912	30,096	159,336	518,839		518,839
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	5,324,895	67,255,534	90,288,890	18,417,517	5,116,818	170,384,211	356,787,866	XXX	356,787,866
1.9 Net assumed less ceded reinsurance premiums earned	(966,300)	(13,366,213)	(17,438,897)	0	(19,649)	(1,739,782)	(33,530,841)	XXX	(33,530,841)
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)	4,358,595	53,889,321	72,849,994	18,417,517	5,097,169	168,644,429	323,257,025	XXX	323,257,025
2. Claims:									
2.1 Incurred claims excluding prescription drugs	3,945,084	45,082,439	63,914,502	6,203,707	4,817,611	149,739,164	273,702,507	XXX	273,702,507
2.2 Prescription drugs	422,114	11,599,529	15,450,144	12,194,555		780,085	40,446,427	XXX	40,446,427
2.3 Pharmaceutical rebates	51,664	1,224,304	1,563,540	2,681,700		67,453	5,588,661	XXX	5,588,661
2.4 State stop loss, market stabilization and claim/census based assessments	(80)	(5,358)	(60,044)			(1,161)	(66,644)	XXX	(66,644)
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	4,762	6,340				11,102		11,102
5.0 Total incurred claims (Lines 2.1+2.2-2.3-2.4+3) (From Part 2, Line 2.10)	4,315,614	55,463,022	77,861,150	15,716,562	4,817,611	150,452,957	308,626,917	XXX	308,626,917
5.1 Net assumed less ceded reinsurance claims incurred	(844,788)	(11,334,320)	(15,852,971)	0	(8,669)	(3,061,645)	(31,102,394)	XXX	(31,102,394)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	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)	3,470,825	44,128,702	62,008,179	15,716,562	4,808,942	147,391,312	277,524,523	XXX	277,524,523
6. Improving health care quality expenses incurred:									
6.1 Type A. Expenses for health improvements other than health information technology	18,382	609,367	800,794	160,659	3,116	28,963	1,621,281		1,621,281
6.2 Type B. Health information technology expenses related to health improvement	1,205	25,731	43,954	6,088	88	2,677	79,744		79,744
6.3 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2)	19,587	635,098	844,748	166,748	3,204	31,640	1,701,025	0	1,701,025
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.3) / Line 1.8	0.814	0.834	0.872	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	53,383	236,573	318,494	79,392	63,035	2,134,526	2,885,403		2,885,403
8.2 All other claims adjustment expenses	76,671	915,868	1,222,224	258,620	69,598	2,276,001	4,818,982		4,818,982
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	130,054	1,152,441	1,540,717	338,013	132,633	4,410,527	7,704,385	0	7,704,385
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.024	0.017	0.017	0.018	0.026	0.026	XXX	XXX	XXX
10. General and administrative (G&A) expenses:									
10.1 Direct sales salaries and benefits	16,208	193,607	258,368	54,670	14,712	481,127	1,018,691		1,018,691
10.2 Agents and brokers fees and commissions	119,778	1,430,794	1,909,390	404,024	108,728	3,555,629	7,528,342		7,528,342
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	167	2,000	2,669	565	152	4,970	10,522		10,522
10.4 Other general and administrative expenses	310,846	3,713,168	4,955,212	1,048,515	282,168	9,227,500	19,537,407		19,537,407
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	446,999	5,339,568	7,125,638	1,507,773	405,759	13,269,225	28,094,963	0	28,094,963
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.3-8.3-10.5)	291,129	2,633,511	1,330,711	688,421	(253,369)	3,541,726	8,232,130	XXX	8,232,130
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	2,994,007	XXX	2,994,007
14. Federal income taxes (excluding taxes on Line 1.5 above)						600,193	600,193		600,193
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	10,625,944	XXX	10,625,944
16. ICD-10 Implementation Expenses (informational only, already included in general expenses)	15,426	184,272	245,911	52,034	14,003	457,931	969,578		969,578
OTHER INDICATORS:									
1. Number of certificates/policies	2,090	11,478	15,836	8,605	13,390	248,863	300,262		300,262
2. Number of covered lives	2,884	21,121	25,972	8,640	27,715	480,546	566,878		566,878
3. Number of groups	XXX	1,241	147	89	903	309	2,689		2,689
4. Member months	32,815	240,981	300,684	103,440	326,796	5,845,666	6,850,382		6,850,382

215.1.0K

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: AETNA LIFE INSURANCE COMPANY 2. LOCATION: Hartford CT

NAIC Group Code.....0001

BUSINESS IN THE STATE OF NEW YORK

DURING THE YEAR 2010

NAIC Company Code.....60054

	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.....	5,949,022	71,085,863	94,868,150	20,107,976	5,402,133	176,675,538	374,088,682
1.2 Unearned premium prior year.....	94,648	114,515	59,413	1,465	134,144	7,507	411,692
1.3 Unearned premium current year.....	139,858	134,431	(13,938)		179,415	8,783	448,549
1.4 Change in unearned premium (Lines 1.2-1.3).....	(45,210)	(19,916)	73,351	1,465	(45,271)	(1,276)	(36,857)
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 \$.....310,708 write offs).....	5,900,803	71,023,383	94,716,174	20,073,212	5,356,863	176,670,682	373,741,117
1.9 Assumed premiums earned from non-affiliates.....					13,472	331	13,803
1.10 Net assumed less ceded premiums earned from affiliates.....						(676,337)	(676,337)
1.11 Ceded premiums earned to non-affiliates.....	966,300	13,366,213	17,438,897		33,122	1,063,776	32,868,307
1.12 Other adjustments due to MLR calculation - premiums.....							0
1.13 Net premiums earned (Lines 1.8+1.9+1.10-1.11+1.12).....	4,934,503	57,657,169	77,277,278	20,073,212	5,337,213	174,930,900	340,210,276
2. Direct claims incurred:							
2.1 Paid claims during the year.....	4,028,296	55,763,362	80,899,247	15,856,900	4,627,364	147,594,403	308,769,572
2.2 Direct claim liability current year.....	755,965	6,972,069	9,474,013	1,050,720	881,242	12,237,648	31,371,657
2.3 Direct claim liability prior year.....	534,218	7,154,754	12,280,253	970,634	691,167	10,269,820	31,900,845
2.4 Direct claim reserves current year.....	8,434		853,873	9,019	3,516	8,208,850	9,083,693
2.5 Direct claim reserves prior year.....	9,340		934,093	2,412	3,339	7,725,688	8,674,872
2.6 Direct contract reserves current year.....	403,634	94,865	153,903		45	1,910,350	2,562,798
2.7 Direct contract reserves prior year.....	331,873	101,682	167,850		50	1,496,489	2,097,943
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).....	5,286	110,839	137,691	227,031	0	6,296	487,142
2.9a Healthcare receivables current year.....	5,286	110,839	137,691	227,031		6,296	487,142
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).....	4,315,614	55,463,022	77,861,150	15,716,562	4,817,611	150,452,957	308,626,917
2.11 Assumed incurred claims from non-affiliates.....					(3,321)	4,098	777
2.12 Net assumed less ceded incurred claims from affiliates.....						(1,917,860)	(1,917,860)
2.13 Ceded incurred claims to non-affiliates.....	844,788	11,334,320	15,852,971		5,348	1,147,883	29,185,311
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).....	3,470,825	44,128,702	62,008,179	15,716,562	4,808,942	147,391,312	277,524,523
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only).....		43,819	158,833		315	54,442	257,408

215.2.OK

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: AETNA LIFE INSURANCE COMPANY 2. LOCATION: Hartford CT

NAIC Group Code....0001

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2010

NAIC Company Code....60054

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 (Cols. 1 thru 5)	7 Cost Containment Expenses			8 Other Claim Adjustment Expenses
1.	Individual comprehensive coverage expenses:										
1.1	Salaries (including \$.....0 for affiliated services)	11,723	1,052	534	1,206	953	15,469	42,155	60,545	222,424	340,592
1.2	Outsourced services	1,685	151	77	173	137	2,223	6,058	8,701	109,720	126,703
1.3	EDP equipment and software (including \$.....0 for affiliated services)	0	0	0	0	0	1	1	2	31,008	31,012
1.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)	379	34	17	39	31	500	1,361	1,955	(5,051)	(1,234)
1.5	Accreditation and certification (including \$.....0 for affiliated services)	6	XXX	XXX	XXX	XXX	6	16	23	743	788
1.6	Other expenses (including \$.....0 for affiliated services)	987	89	45	102	81	1,303	3,550	5,099	87,988	97,939
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	14,780	1,326	673	1,520	1,201	19,500	53,142	76,326	446,832	595,800
1.8	Reimbursements by uninsured plans and fiscal intermediaries	67	6	3	7	5	88	241	346	XXX	675
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167
1.10	Total (Lines 1.7 to 1.9)	14,847	1,332	676	1,527	1,206	19,589	53,383	76,671	446,832	596,642
1.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	398			398
2.	Small group comprehensive coverage expenses:										
2.1	Salaries (including \$.....0 for affiliated services)	375,553	31,713	33,355	40,577	20,319	501,517	186,815	723,233	2,656,934	4,068,499
2.2	Outsourced services	53,973	4,558	4,794	5,832	2,920	72,076	26,848	103,940	1,310,651	1,513,515
2.3	EDP equipment and software (including \$.....0 for affiliated services)	13	1	1	1	1	17	6	24	370,399	370,446
2.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)	12,129	1,024	1,077	1,310	656	16,197	6,033	23,357	(60,333)	(14,746)
2.5	Accreditation and certification (including \$.....0 for affiliated services)	193	XXX	XXX	XXX	XXX	193	72	278	8,872	9,415
2.6	Other expenses (including \$.....0 for affiliated services)	31,619	2,671	2,809	3,417	1,719	42,235	15,732	60,906	1,051,045	1,169,918
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	473,479	39,967	42,035	51,138	25,615	632,234	235,506	911,739	5,337,568	7,117,047
2.8	Reimbursements by uninsured plans and fiscal intermediaries	2,144	181	190	232	116	2,863	1,067	4,129	XXX	8,060
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,000
2.10	Total (Lines 2.7 to 2.9)	475,623	40,148	42,226	51,370	25,731	635,097	236,573	915,868	5,337,568	7,127,107
2.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	4,762			4,762
3.	Large group comprehensive coverage expenses:										
3.1	Salaries (including \$.....0 for affiliated services)	508,987	41,926	39,232	42,218	34,709	667,071	251,505	965,153	3,545,671	5,429,399
3.2	Outsourced services	73,149	6,025	5,638	6,067	4,988	95,869	36,145	138,707	1,749,060	2,019,781
3.3	EDP equipment and software (including \$.....0 for affiliated services)	17	1	1	1	1	22	8	32	494,296	494,360
3.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)	16,438	1,354	1,267	1,363	1,121	21,543	8,122	31,170	(80,514)	(19,678)
3.5	Accreditation and certification (including \$.....0 for affiliated services)	257	XXX	XXX	XXX	XXX	257	97	371	11,840	12,564
3.6	Other expenses (including \$.....0 for affiliated services)	42,850	3,531	3,304	3,555	2,936	56,177	21,180	81,279	1,402,616	1,561,252
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	641,698	52,837	49,443	53,205	43,755	840,939	317,058	1,216,713	7,122,969	9,497,679
3.8	Reimbursements by uninsured plans and fiscal intermediaries	2,906	239	224	241	198	3,809	1,436	5,511	XXX	10,755
3.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,669
3.10	Total (Lines 3.7 to 3.9)	644,604	53,077	49,667	53,446	43,954	844,747	318,494	1,222,224	7,122,969	9,511,103
3.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	6,340			6,340

215.3.OK

3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses				5 Total (Cols. 1 thru 4)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	
1.	Individual comprehensive coverage expenses:					
1.1	HIT expenses	974	87	44	100	1,205
1.2	Other than HIT expenses	14,847	1,332	676	1,527	18,382
2.	Small group comprehensive coverage expenses:					
2.1	HIT expenses	20,084	1,695	1,783	2,169	25,731
2.2	Other than HIT expenses	475,623	40,148	42,226	51,370	609,367
3.	Large group comprehensive coverage expenses:					
3.1	HIT expenses	35,381	2,913	2,726	2,934	43,954
3.2	Other than HI expenses	644,604	53,077	49,667	53,446	800,794
4.	Subtotals/Totals:					
4.1	Subtotal HIT expenses (Lines 1.1+2.1+3.1)	56,439	4,695	4,553	5,203	70,890
4.2	Subtotal other than HIT expenses (Lines 1.2+2.2+3.2)	1,135,074	94,557	92,569	106,343	1,428,543
4.3	Total (Lines 4.1+4.2)	1,191,513	99,252	97,122	111,546	1,499,433



SUPPLEMENT FOR THE YEAR 2010 OF THE World Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION World Insurance Company

2. LOCATION _____

NAIC Group Code 03527

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 70629

	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)	3,515,814	51,475	0	0	302,796	95,598	3,965,483	XXX	3,965,483
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)	3,515,814	51,475	0	0	302,796	95,598	3,965,483	XXX	3,965,483
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 \$ _____)	65,280	968	0	0	5,620	1,044	72,879	0	72,879
1.7 Regulatory authority licenses and fees	1,254	18	0	0	108	20	1,400	0	1,400
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	3,449,100	50,500	0	0	297,069	94,535	3,891,204	XXX	3,891,204
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	227,513	(38,505)	189,008	XXX	189,008
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)	3,449,100	50,500	0	0	524,581	56,029	4,080,212	XXX	4,080,212
2. Claims:									
2.1 Incurred claims excluding prescription drugs	2,588,105	12,201	0	0	139,011	87,487	2,796,804	XXX	2,796,804
2.2 Prescription drugs	158,803	15,107	0	0	0	1,282	174,973	XXX	174,973
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. Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	2,716,708	27,309	0	0	139,011	88,749	2,971,777	XXX	2,971,777
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	205,588	(20,981)	184,627	XXX	184,627
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)	2,716,708	27,309	0	0	344,599	67,788	3,156,404	XXX	3,156,404
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A Expenses for health improvements other than Health Information Technology	16,885	244	0	0	0	0	16,929	0	16,929
6.2 Type B Health Information Technology expenses related to health improvement	19,431	285	0	0	0	0	19,715	0	19,715
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	36,116	529	0	0	0	0	36,645	0	36,645
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.798	0.551	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	136,208	1,994	0	0	0	0	138,200	0	138,200
8.2 All other claims adjustment expenses	(16,748)	(245)	0	0	0	0	(16,994)	0	(16,994)
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	119,457	1,749	0	0	0	0	121,206	0	121,206
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.035	0.035	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	513,347	5,055	0	0	16,927	17,424	552,753	0	552,753
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	462,779	6,776	0	0	38,464	18,683	526,702	0	526,702
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	976,125	11,831	0	0	55,391	36,107	1,079,454	0	1,079,454
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	(399,308)	9,083	0	0	124,591	(47,885)	(313,497)	XXX	(313,497)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	106,034	XXX	106,034
14. Federal income taxes (excluding taxes on Line 15 above)	(5,518)	126	0	0	1,722	(681)	(4,332)	0	(4,332)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	(203,131)	XXX	(203,131)
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	845	15	0	0	75	6	941	0	941
2. Number of Covered Lives	1,541	24	0	0	75	7	1,647	0	1,647
3. Number of Groups	XXX	3	0	0	0	0	3	0	3
4. Member Months	15,047	144	0	0	976	87	16,254	0	16,254

216-1.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE World Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION World Insurance Company

2. LOCATION

NAIC Group Code 03527

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 70629

Table with 8 columns: Line Item, Description, 1 Individual, 2 Small Group Employer, 3 Large Group Employer, 4 Government Business, 5 Other Business, 6 Other Health, 7 Total. Rows include Health Premiums Earned (1.1-1.13) and Direct Claims Incurred (2.1-2.15).

216-2.OK



SUPPLEMENT FOR THE YEAR 2010 OF THE World Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION World Insurance Company

2. LOCATION

NAIC Group Code 03527		BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2010			NAIC Company Code 70629				
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)	10,436		0	0	12,399	22,836	6,260	0	345,264	374,360
1.2	Outsourced Services	6,248		0	0	0	6,248	98,470	0	18,595	123,314
1.3	EDP Equipment and Software (incl \$ for affiliated services)	0		0	0	4,019	4,019	0	0	11,908	15,927
1.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)	0		0	0	92	92	0	0	770	862
1.5	Accreditation and Certification (incl \$ for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	1,927	1,927
1.6	Other Expenses (incl \$ for affiliated services)	0		0	0	2,920	2,920	21,573	(16,748)	133,734	141,478
1.7	Subtotal before Reimbursements and Taxes (1.1 to 1.6)	16,685	0	0	0	19,430	36,115	126,304	(16,748)	512,198	657,868
1.8	Reimbursements by uninsured plans and fiscal intermediaries	0		0	0	0	0	9,902	0	7,728	17,630
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)	16,685	0	0	0	19,430	36,115	136,206	(16,748)	519,926	675,498
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)	153		0	0	182	334	92	0	4,500	4,926
2.2	Outsourced Services	91		0	0	0	91	1,442	0	242	1,776
2.3	EDP Equipment and Software (incl \$ for affiliated services)	0		0	0	59	59	0	0	155	214
2.4	Other Equipment (excl. EDP) (incl \$ for affiliated services)	0		0	0	1	1	0	0	10	11
2.5	Accreditation and Certification (incl \$ for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	25	25
2.6	Other Expenses (incl \$ for affiliated services)	0		0	0	43	43	316	(245)	1,743	1,856
2.7	Subtotal before Reimbursements and Taxes (2.1 to 2.6)	244	0	0	0	284	529	1,849	(245)	6,675	8,808
2.8	Reimbursements by uninsured plans and fiscal intermediaries	0		0	0	0	0	145	0	101	246
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)	244	0	0	0	284	529	1,994	(245)	6,776	9,054
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
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	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	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

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	19,431	0	0	0	19,431
1.2	Other than HIT expenses	16,685	0	0	0	16,685
2.	Small Group Comprehensive Coverage Expenses:					
2.1	HIT expenses	285	0	0	0	285
2.2	Other than HIT expenses	244	0	0	0	244
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)	19,715	0	0	0	19,715
4.2	Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	16,929	0	0	0	16,929
4.3	Total (Lines 4.1 + 4.2)	36,645	0	0	0	36,645

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION Humana Insurance Company

2. LOCATION Oklahoma

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 73288

		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)	2,528,162	854,019	0	193,420,785	768,380	482,427	198,053,753	XXX	198,053,753
1.2	Federal high risk pools							0	XXX	0
1.3	State high risk pools	118	40		9,015	38	22	9,231	XXX	9,231
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,528,280	854,059	0	193,429,780	768,418	482,449	198,062,984	XXX	198,062,984
1.5	Federal taxes and federal assessments	(24,630)	982		4,591,807	(98,393)	38,584	4,508,130	XXX	4,508,130
1.6	State insurance, premium and other taxes (Similar local taxes of \$)	74,848	25,188		6,593	22,658	12,715	141,998	XXX	141,998
1.7	Regulatory authority licenses and fees	499	169		38,170	152	95	39,085	XXX	39,085
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,477,583	827,742	0	188,793,410	844,001	431,055	193,373,771	XXX	193,373,771
1.9	Net Assumed less Ceded reinsurance premiums earned	(1,216)	(57)		(2,809,032)	(274)	(40,535)	(2,809,032)	XXX	(2,809,032)
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)	2,476,347	827,685	0	185,984,378	843,727	390,520	190,522,657	XXX	190,522,657
2.	Claims:									
2.1	Incurred claims excluding prescription drugs	1,773,585	515,519		124,896,611	811,110	213,347	128,210,152	XXX	128,210,152
2.2	Prescription drugs	57,874	82,005		43,293,375	0	0	43,433,254	XXX	43,433,254
2.3	Pharmaceutical rebates	8,399	6,659		8,882,857	(9,032)	0	8,888,843	XXX	8,888,843
2.4	State stop loss, market stabilization and claim/census based assessments	0	0		0	0	0	0	XXX	0
3.	Incurred medical incentive pools and bonuses	0	0		0	0	0	0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		80		3,912	1		3,993		3,993
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	1,823,079	590,885	0	159,307,130	820,142	213,348	162,754,564	XXX	162,754,564
5.1	Net Assumed less Ceded reinsurance claims incurred	0	0		0	0	0	0	XXX	0
5.2	Other Adjustments due to MLR calculations - Claims	0	0		(2,809,032)	(10,000)	0	(2,819,032)	XXX	(2,819,032)
5.3	Rebates Paid	0	0		0	0	0	0	XXX	0
5.4	Estimated rebates unpaid prior year	0	0		0	0	0	0	XXX	0
5.5	Estimated rebates unpaid current year	0	0		0	0	0	0	XXX	0
5.6	Fee for service and co-pay revenue	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)	1,823,079	590,885	0	156,498,098	810,142	213,348	159,935,532	XXX	159,935,532
6.	Improving Health Care Quality Expenses Incurred:									
6.1	Type A Expenses for health improvements other than Health Information Technology		5,489		1,755,249	5,521		1,766,239		1,766,239
6.2	Type B Health Information Technology expenses related to health improvement		1,675		734,919	1,508		738,100		738,100
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	7,144	0	2,490,168	7,027	0	2,504,339	0	2,504,339
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18	0.738	0.723	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	20,215	12,252		1,339,642	7,192	3,191	1,382,492		1,382,492
8.2	All other claims adjustment expenses	16,793	11,211		1,066,898	7,442	7,629	1,109,771		1,109,771
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	37,008	23,463	0	2,406,338	14,634	10,820	2,492,263	0	2,492,263
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.015	0.028	0.000	0.013	0.017	0.025	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
10.1	Direct sales salaries and benefits	86,305	6,779		1,775,010	5,718	3,744	1,857,556		1,857,556
10.2	Agents and brokers fees and commissions	65,685	20,775		1,842,771	12,783	11,907	1,953,901		1,953,901
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	20,070	6,348		563,049	3,900	3,638	597,005		597,005
10.4	Other general and administrative expenses	486,734	168,140		13,740,277	101,744	96,504	14,593,399		14,593,399
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	638,794	202,042	0	17,921,107	124,125	115,793	19,001,861	0	19,001,861
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	(22,534)	4,171	0	8,688,667	(112,201)	50,559	6,588,662	XXX	6,588,662
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	6,588,662	XXX	6,588,662
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)	122	5		3,354	37	221	3,739		3,739
OTHER INDICATORS:										
1.	Number of Certificates/Policies	777	45		42,536	378	3,080	46,816		46,816
2.	Number of Covered Lives	1,274	81		42,536	378	3,122	47,371		47,371
3.	Number of Groups	XXX	5		24	4	4	33		33
4.	Member Months	17,888	727		504,467	4,274	33,893	561,249		561,249

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Humana Insurance Company

2. LOCATION Oklahoma

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2010

NAIC Company Code 73288

		Comprehensive Health Coverage			4	5	6	7
		1	2	3	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Total
		Individual	Small Group Employer	Large Group Employer				
1.	Health Premiums Earned:							
1.1	Direct premiums written	2,526,013	854,019		193,420,765	768,380	483,381	198,052,558
1.2	Unearned premium prior year	15,456						15,456
1.3	Unearned premium current year	13,307					954	14,261
1.4	Change in unearned premium (Lines 1.2 - 1.3)	2,149	0	0	0	0	(954)	1,195
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)	2,528,162	854,019		193,420,765	768,380	482,427	198,053,753
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	1,216	57			274	40,535	42,082
1.12	Net Other Adjustments due to MLR calculation - Premiums				2,809,032			2,809,032
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 - 1.12)	2,526,946	853,962	0	190,611,733	768,106	441,892	195,202,639
2.	Direct Claims Incurred:							
2.1	Paid claims during the year	1,696,968	621,475		155,544,099	857,923	206,054	158,926,518
2.2	Direct claim liability current year	228,419	31,102		14,881,869	29,711	7,523	15,178,624
2.3	Direct claim liability prior year	190,898	61,182		11,423,955	66,829	229	11,743,091
2.4	Direct claim reserves current year		400		2,602,346			2,602,746
2.5	Direct claim reserves prior year	1,003	1,252		2,693,333	1,254		2,696,842
2.6	Direct contract reserves current year	94,662						94,662
2.7	Direct contract reserves prior year	3,785						3,785
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)	1,286	(322)	0	(396,104)	(591)	0	(395,732)
2.9a	Healthcare receivables current year	3,955	1,190		1,318,633	(63)		3,323,714
2.9b	Healthcare receivables prior year	2,669	1,512		1,714,737	528		1,719,446
2.10	Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	1,823,079	590,865	0	159,307,130	820,142	213,348	162,754,564
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				2,809,032	10,000		2,819,032
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 - 2.14)	1,823,079	590,865	0	156,498,098	810,142	213,348	159,935,532
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)				4,337			4,337

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Humana Insurance Company

2. LOCATION Oklahoma

Table 3A: All Expenses. Columns include NAIC Group Code (0119), BUSINESS IN THE STATE OF (Oklahoma), DURING THE YEAR (2010), NAIC Company Code (73268), and various expense categories like Improving Health Care Quality Expenses and Claims Adjustment Expenses.

Table 3B: Quality Improvement Expenses Only. Columns include Improving Health Care Quality Expenses categories (1-5) and subtotals for Individual, Small Group, and Large Group Comprehensive Coverage Expenses.

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