SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1)

REPORT FOR: 1. CORPORATION: UNION FIDELITY LIFE INSURANCE COMPANY 2. LOCATION: Schaumburg, IL 60173-2096

BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010

NAIC Group Code 0350 NAIC Company Code 62596

	Comprehensive Health Coverage			4	5	6	7	8	9
	1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (Excluded by Statute)	Other Business (Excluded by Statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total 7 + 8
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)								XXX	
1.2 Federal high risk pools								XXX	
1.3 State high risk pools								XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)								XXX	
1.5 Federal taxes and federal assessments									
1.6 State and local premium taxes (Similar local taxes of $.....0)									
1.7 Regulatory authority licenses and fees									
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)								XXX	
1.9 Net assumed less ceded reinsurance premiums earned								XXX	
1.10 Other adjustments due to MLR calculations - Premiums								XXX	
1.11 Risk Revenue								XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)								XXX	
2. Claims:									
2.1 Incurred claims excluding prescription drugs								XXX	
2.2 Prescription drugs								XXX	
2.3 Pharmaceutical rebates								XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments								XXX	
3. Incurred medical incentive pools and bonuses								XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)									
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)								XXX	
5.1 Net assumed less ceded reinsurance claims incurred								XXX	
5.2 Other adjustments due to MLR calculations - Claims								XXX	
5.3 Rebates Paid								XXX	
5.4 Estimated rebates unpaid prior year								XXX	
5.5 Estimated rebates unpaid current year								XXX	
5.6 Fee-for-service and co-pay revenue								XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)								XXX	
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology									
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)									
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8				XXX	XXX	XXX	XXX	XXX	XXX
8. Claim Adjustment Expenses:									
8.1 Cost containment expenses not included in quality of care expenses in Line 6.3									
8.2 All other claims adjustment expenses									
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)									
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)							XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits									
10.2 Agents and brokers fees and commissions									
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)									
10.4 Other general and administrative expenses									
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)									
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)								XXX	
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		XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)									
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)									
O. OTHER INDICATORS:									
O1. Number of certificates / policies									
O2. Number of Covered Lives									
O3. Number of Groups	XXX								
O4. Member Months									

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION: UNION FIDELITY LIFE INSURANCE COMPANY 2. LOCATION: Schaumburg, IL 60173-2096

NAIC Group Code 0350 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010 NAIC Company Code 62596

	Comprehensive Health Coverage			4	5	6	7
	1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (Excluded by Statute)	Other Business (Excluded by Statute)	Other Health	Total
1. Health Premiums Earned							
1.1 Direct premiums written							
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)							
1.9 Assumed premiums earned from non-affiliates							
1.10 Net assumed less ceded premiums earned from affiliates							
1.11 Ceded premiums earned to non-affiliates							
1.12 Other adjustments due to MLR calculation - Premiums							
1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 + 1.12)							
2. Direct Claims Incurred:							
2.1 Paid claims during the year							
2.2 Direct claim liability current year							
2.3 Direct claim liability prior year							
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)							
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)							
A. Healthcare receivables current year							
B. 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)							
2.11 Assumed Incurred Claims from non-affiliates							
2.12 Net Assumed less Ceded Incurred Claims from affiliates							
2.13 Ceded Incurred Claims to non-affiliates							
2.14 Other Adjustments due to MLR calculation - Claims							
2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14)							
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

REPORT FOR: 1. CORPORATION: UNION FIDELITY LIFE INSURANCE COMPANY 2. LOCATION: Schaumburg, IL 60173-2096

NAIC Group Code 0350 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010 NAIC Company Code 62596

3A	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		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	General Administrative Expenses	Total Expenses (6 to 9)
A01.	Individual Comprehensive Coverage Expenses:										
A01.01	Salaries (including $.....0 for affiliated services)										
A01.02	Outsourced Services										
A01.03	EDP Equipment and Software (incl $.....0 for affiliated services)										
A01.04	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
A01.05	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
A01.06	Other Expenses (incl $.....0 for affiliated services)										
A01.07	Subtotal before Reimbursements and Taxes (1.1 to 1.6)										
A01.08	Reimbursements by uninsured plans and fiscal intermediaries										
A01.09	Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
A01.10	Total (1.7 to 1.9)										
A01.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
A02.	Small Group Comprehensive Coverage Expenses:										
A02.01	Salaries (including $.....0 for affiliated services)										
A02.02	Outsourced Services										
A02.03	EDP Equipment and Software (incl $.....0 for affiliated services)										
A02.04	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
A02.05	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
A02.06	Other Expenses (incl $.....0 for affiliated services)										
A02.07	Subtotal before Reimbursements and Taxes (2.1 to 2.6)										
A02.08	Reimbursements by uninsured plans and fiscal intermediaries										
A02.09	Taxes, Licenses and Fees (in total, for tying purposes	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
A02.10	Total (2.7 to 2.9)										
A02.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										
A03.	Large Group Comprehensive Coverage Expenses:										
A03.01	Salaries (including $.....0 for affiliated services)										
A03.02	Outsourced Services										
A03.03	EDP Equipment and Software (incl $.....0 for affiliated services)										
A03.04	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
A03.05	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
A03.06	Other Expenses (incl $.....0 for affiliated services)										
A03.07	Subtotal before Reimbursements and Taxes (3.1 to 3.6)										
A03.08	Reimbursements by uninsured plans and fiscal intermediaries										
A03.09	Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
A03.10	Total (3.7 to 3.9)										
A03.11	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)										

3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses				
		1 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					
B01.02	Other than HIT expenses					
B02.	Small Group Comprehensive Coverage Expenses:					
B02.01	HIT expenses					
B02.02	Other than HIT expenses					
B03.	Large Group Comprehensive Coverage Expenses:					
B03.01	HIT expenses					
B03.02	Other than HIT expenses					
B04.	Subtotals/Totals:					
B04.01	Subtotals HIT expenses (Line 1.1 + 2.1 + 3.1)					
B04.02	Subtotals Other than HIT expenses (Line 1.2 + 2.2 + 3.2)					
B04.03	Total (Lines 4.1 + 4.2)					