SUPPLEMENT FOR THE YEAR 2010 OF THE JOHN ALDEN LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION JOHN ALDEN LIFE INSURANCE COMPANY 2. 501 West Michigan Street Milwaukee, WI 53203 (LOCATION)

NAIC Group Code 0019 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010 NAIC Company Code 65080

	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 through 6)	Uninsured Plans	Total 7 + 8
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)	4,254,826	13,683,679			615,188	700,765	19,254,458	XXX	19,254,458
1.2 Federal high risk pools								XXX	
1.3 State high risk pools	(22,694)	(65,767)			450	(1,961)	(89,972)	XXX	(89,972)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	4,232,132	13,617,912			615,638	698,804	19,164,486	XXX	19,164,486
1.5 Federal taxes and federal assessments	346,740	79,101			(42,404)	(25,212)	358,225		358,225
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	71,342	229,285			9,957	8,127	318,710		318,710
1.7 Regulatory authority licenses and fees	11,921	23,202			3,074	1,224	39,420		39,420
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	3,802,129	13,286,324			645,012	714,665	18,448,131	XXX	18,448,131
1.9 Net Assumed less Ceded reinsurance premiums earned						(116,305)	(116,305)	XXX	(116,305)
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)	3,802,129	13,286,324			645,012	598,360	18,331,826	XXX	18,331,826
2. Claims:									
2.1 Incurred claims excluding prescription drugs	2,021,826	8,693,529			474,548	707,610	11,897,514	XXX	11,897,514
2.2 Prescription drugs	133,567	928,645				23,277	1,085,489	XXX	1,085,489
2.3 Pharmaceutical rebates	23,365	110,710			98	4,057	138,230	XXX	138,230
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)	2,132,028	9,511,464			474,450	726,830	12,844,773	XXX	12,844,773
5.1 Net Assumed less Ceded reinsurance claims incurred						(231,925)	(231,925)	XXX	(231,925)
5.2 Other Adjustments due to MLR calculations - Claims	2,654	5,858			549	507	9,568	XXX	9,568
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)	2,134,682	9,517,322			474,999	495,412	12,622,416	XXX	12,622,416
6. Improving Health Care Quality Expenses Incurred:									
6.1 Type A. Expenses for health improvements other than Health Information Technology	3,215	6,845			523	278	10,861		10,861
6.2 Type B. Health Information Technology expenses related to health improvement	1,214	2,721			147	105	4,187		4,187
6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	4,429	9,566			670	383	15,048		15,048
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.3)/Line 1.8	0.562	0.717	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	131,771	451,633			38,420	12,917	634,741		634,741
8.2 All other claims adjustment expenses	40,583	119,844			4,845	3,505	168,777		168,777
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	172,354	571,477			43,265	16,422	803,518		803,518
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.045	0.043	0.000	0.000	0.067	0.023	XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:									
10.1 Direct sales salaries and benefits	43,557	248,900			29,993	3,762	326,211		326,211
10.2 Agents and brokers fees and commissions	265,778	1,166,400			121,631	33,213	1,587,023		1,587,023
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	23,185	72,504			18,143	2,002	115,834		115,834
10.4 Other general and administrative expenses	534,080	1,560,299			181,553	46,317	2,322,249		2,322,249
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	866,600	3,048,103			351,320	85,295	4,351,317		4,351,317
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	624,063	139,856			(225,243)	849	539,526	XXX	539,526
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	624,280	XXX	624,280
14. Federal income taxes (excluding taxes on Line 1.5 above)	21,690	86,099			6,936	2,633	117,358		117,358
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	1,046,448	XXX	1,046,448
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)									
OTHER INDICATORS:									
1. Number of certificates/policies	894	1,799			417	2,238	5,348		5,348
2. Number of Covered Lives	1,684	3,063			618	2,563	7,928		7,928
3. Number of Groups	XXX	389			27	563	979		979
4. Member Months	20,294	38,084			7,147	31,026	96,551		96,551

SUPPLEMENT FOR THE YEAR 2010 OF THE JOHN ALDEN LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION JOHN ALDEN LIFE INSURANCE COMPANY 2. 501 West Michigan Street Milwaukee, WI 53203 (LOCATION)

NAIC Group Code 0019 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010 NAIC Company Code 65080

	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	4,276,627	13,671,427			598,462	700,404	19,246,920
1.2 Unearned premium prior year	266,870	68,011			62,019	45,035	441,935
1.3 Unearned premium current year	288,671	55,759			45,293	44,674	434,397
1.4 Change in unearned premium (Lines 1.2 - 1.3)	(21,801)	12,252			16,726	361	7,538
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)	4,254,826	13,683,679			615,188	700,765	19,254,458
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						116,305	116,305
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)	4,254,826	13,683,679			615,188	584,460	19,138,153
2. Direct Claims Incurred:							
2.1 Paid claims during the year	2,206,501	9,351,490			370,470	653,934	12,582,395
2.2 Direct claim liability current year	517,389	1,894,633			177,618	65,527	2,655,167
2.3 Direct claim liability prior year	583,900	1,653,082			71,173	64,464	2,372,618
2.4 Direct claim reserves current year		5,414			505	311,724	317,643
2.5 Direct claim reserves prior year	10,702	83,313			3,356	277,767	375,138
2.6 Direct contract reserves current year		44,805			3,064	1,836,042	1,883,911
2.7 Direct contract reserves prior year		47,488			2,979	1,798,642	1,849,109
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)	(2,740)	976			(301)	(476)	(2,541)
2.9a Healthcare receivables current year	6,442	28,045				1,118	35,605
2.9b Healthcare receivables prior year	9,182	27,069			301	1,594	38,146
2.10 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	2,132,028	9,511,483			474,450	726,830	12,844,792
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						231,925	231,925
2.14 Other Adjustments due to MLR calculation - Claims	2,654	5,858			549	507	9,568
2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14)	2,134,682	9,517,341			474,999	495,412	12,622,435
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

SUPPLEMENT FOR THE YEAR 2010 OF THE JOHN ALDEN LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION JOHN ALDEN LIFE INSURANCE COMPANY 2. 501 West Michigan Street Milwaukee, WI 53203 (LOCATION)

NAIC Group Code 0019 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2010 NAIC Company Code 65080

3A	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	1,029	805	387	642	413	3,275	34,808	18,526	295,127	351,735
	1.2 Outsourced Services							14,069	18,125	99,303	131,497
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	32	25	11	17	12	98	5,187	900	(780)	5,405
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)							2		646	648
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl $ 0 for affiliated services)	97	75	36	60	788	1,056	77,706	3,032	183,340	265,134
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,158	905	434	719	1,213	4,429	131,771	40,583	577,637	754,420
	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	23,185
	1.10 Total (1.7 to 1.9)	1,158	905	434	719	1,213	4,429	131,771	40,583	577,637	777,604
	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)	1,675	1,460	908	2,063	1,296	7,402	115,781	66,487	968,143	1,157,813
	2.2 Outsourced Services							97,908	37,474	362,638	498,020
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	49	42	25	56	35	207	11,151	3,082	2,667	17,107
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)							1	165	3,256	3,422
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl $ 0 for affiliated services)	156	136	84	191	1,391	1,958	226,792	12,636	472,495	713,881
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,880	1,638	1,017	2,310	2,722	9,567	451,633	119,844	1,809,199	2,390,243
	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	72,504
	2.10 Total (2.7 to 2.9)	1,880	1,638	1,017	2,310	2,722	9,567	451,633	119,844	1,809,199	2,462,747
	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 typing 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 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 Total (1 to 4)
1.	Individual Comprehensive Coverage Expenses:					
	1.1 HIT Expenses	437	342	164	272	1,214
	1.2 Other than HIT expenses	1,158	905	434	719	3,215
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT Expenses	747	651	405	918	2,721
	2.2 Other than HIT expenses	1,880	1,638	1,017	2,310	6,845
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)	1,184	993	569	1,190	3,935
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	3,038	2,543	1,451	3,029	10,060
	4.3 Total (Lines 4.1 + 4.2)	4,222	3,535	2,019	4,218	13,995