

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**



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

REPORT: 1. CORPORATION: METROPOLITAN LIFE INSURANCE COMPANY

2. LOCATION: NEW YORK NY

NAIC Group Code....0241

BUSINESS IN THE STATE OF INDIANA

DURING THE YEAR 2010

NAIC Company Code....65978

	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).....	48,566	0	0	0	0	0	48,566	XXX	48,566
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).....	48,566	0	0	0	0	0	48,566	XXX	48,566
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 \$ 0).....	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees.....	0	0	0	0	0	0	0	0	0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7).....	48,566	0	0	0	0	0	48,566	XXX	48,566
1.9 Net assumed less ceded reinsurance premiums earned.....	(50,201)	0	0	0	0	0	(50,201)	XXX	(50,201)
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).....	(1,635)	0	0	0	0	0	(1,635)	XXX	(1,635)
2. Claims:									
2.1 Incurred claims excluding prescription drugs.....	127,860	0	0	0	0	0	127,860	XXX	127,860
2.2 Prescription drugs.....	0	0	0	0	0	0	0	XXX	0
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
5.0 Total incurred claims (Lines 2.1+2.2-2.3-2.4+3) (From Part 2, Line 2.10).....	127,860	0	0	0	0	0	127,860	XXX	127,860
5.1 Net assumed less ceded reinsurance claims incurred.....	(127,834)	0	0	0	0	0	(127,834)	XXX	(127,834)
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).....	26	0	0	0	0	0	26	XXX	26
6. Improving health care quality expenses incurred:									
6.1 Type A. Expenses for health improvements other than health information technology.....	0	0	0	0	0	0	0	0	0
6.2 Type B. Health information technology expenses related to health improvement.....	0	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).....	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.3) / Line 1.8.....	2.633	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.....	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses.....	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1+8.2).....	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8).....	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10. General and administrative (G&A) expenses:									
10.1 Direct sales salaries and benefits.....	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions.....	0	0	0	0	0	0	0	0	0
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.....	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4).....	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.3-8.3-10.5).....	(1,661)	0	0	0	0	0	(1,661)	XXX	(1,661)
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	XXX	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above).....	0	0	0	0	0	0	0	0	0
15. Net gain or (loss) (Lines 11+12+13-14).....	XXX	XXX	XXX	XXX	XXX	XXX	(1,661)	XXX	(1,661)
16. ICD-10 Implementation Expenses (informational only, already included in general expenses).....	0	0	0	0	0	0	0	0	0

215.1.IN

OTHER INDICATORS:									
1. Number of certificates/policies.....	327						327		327
2. Number of covered lives.....	389						389		389
3. Number of groups.....	XXX						0		0
4. Member months.....	4,668						4,668		4,668