



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	Indiana	DURING THE YEAR					2010	(LOCATION) NAIC Company Code	69477	
				1	2	3	4	5				6
				Comprehensive Health Coverage								
				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)			32,710,240	2,998,518			3,466,477	3,345,068	42,520,303	XXX	42,520,303
1.2	Federal high risk pools										XXX	
1.3	State high risk pools			(125,625)	(11,297)			8,437	(10,987)	(139,472)	XXX	(139,472)
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)			32,584,615	2,987,221			3,474,914	3,334,081	42,380,831	XXX	42,380,831
1.5	Federal taxes and federal assessments			1,769,811	118,616			(65,674)	355,205	2,177,958		2,177,958
1.6	State insurance, premium and other taxes (Similar local taxes of \$ 0)			541,118	49,479			56,630	49,558	696,784		696,784
1.7	Regulatory authority licenses and fees			41,572	7,576			8,868	3,774	61,790		61,790
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)			30,232,114	2,811,551			3,475,090	2,925,544	39,444,299	XXX	39,444,299
1.9	Net Assumed less Ceded reinsurance premiums earned								(367,665)	(367,665)	XXX	(367,665)
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)			30,232,114	2,811,551			3,475,090	2,557,879	39,076,634	XXX	39,076,634
2.	Claims:											
2.1	Incurred claims excluding prescription drugs			18,304,733	1,561,027			2,107,070	2,682,023	24,654,854	XXX	24,654,854
2.2	Prescription drugs			1,208,675	215,790				144,151	1,568,616	XXX	1,568,616
2.3	Pharmaceutical rebates			231,668	23,609			(444)	27,616	282,449	XXX	282,449
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)			19,281,740	1,753,208			2,107,514	2,798,558	25,941,021	XXX	25,941,021
5.1	Net Assumed less Ceded reinsurance claims incurred								(1,266,026)	(1,266,026)	XXX	(1,266,026)
5.2	Other Adjustments due to MLR calculations - Claims			51,693	2,338			3,785	1,942	59,768	XXX	59,768
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)			19,333,434	1,755,546			2,111,309	1,534,474	24,734,763	XXX	24,734,763
6.	Improving Health Care Quality Expenses Incurred:											
6.1	Type A. Expenses for health improvements other than Health Information Technology			28,461	1,361			2,685	2,418	34,925		34,925
6.2	Type B. Health Information Technology expenses related to health improvement			25,318	695			1,088	2,151	29,252		29,252
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)			53,778	2,056			3,773	4,570	64,177		64,177
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.3)/Line 1.8)			0.640	0.624	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			1,255,943	81,990			135,428	107,109	1,580,470		1,580,470
8.2	All other claims adjustment expenses			288,889	45,142			31,812	24,548	390,391		390,391
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)			1,544,832	127,132			167,240	131,657	1,970,861		1,970,861
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)			0.051	0.045	0.000	0.000	0.048	0.045	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:											
10.1	Direct sales salaries and benefits			225,213	50,636			23,374	19,137	318,360		318,360
10.2	Agents and brokers fees and commissions			3,244,565	231,341			889,266	309,067	4,474,230		4,474,230
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)			203,726	15,739			48,162	17,312	284,939		284,939
10.4	Other general and administrative expenses			5,480,002	352,680			1,089,831	466,317	7,388,830		7,388,830
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)			9,153,506	650,397			1,850,633	811,824	12,466,359		12,466,359
11.	Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)			146,564	276,420			(657,865)	75,385	(159,526)	XXX	(159,526)
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	1,719,346	XXX	1,719,346
14.	Federal income taxes (excluding taxes on Line 1.5 above)			303,887	22,091			23,603	25,560	375,142		375,142
15.	Net gain or (loss) (Lines 11 + 12 + 13 - 14)			XXX	XXX	XXX	XXX	XXX	XXX	1,184,679	XXX	1,184,679
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)											
OTHER INDICATORS:												
1.	Number of certificates/policies			7,376	436			2,193	2,240	12,245		12,245
2.	Number of Covered Lives			13,498	742			3,061	3,217	20,518		20,518
3.	Number of Groups			XXX	99				127	226		226
4.	Member Months			165,271	7,955			38,559	39,046	250,831		250,831

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

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REPORT FOR: 1. CORPORATION

TIME INSURANCE COMPANY

2. 501 West Michigan Street Milwaukee, WI 53203

NAIC Group Code	0019	BUSINESS IN THE STATE OF	Indiana	DURING THE YEAR		2010		(LOCATION)	69477	
				Comprehensive Health Coverage		4	5	6		7
				1	2	3	4	5		6
				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				32,747,794	3,003,147			3,431,384	3,352,131	42,534,456
1.2 Unearned premium prior year				2,445,745	9,839			275,974	292,457	3,024,015
1.3 Unearned premium current year				2,483,299	14,468			240,881	299,521	3,038,169
1.4 Change in unearned premium (Lines 1.2 - 1.3)				(37,554)	(4,629)			35,093	(7,063)	(14,153)
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			0	32,710,240	2,998,518			3,466,477	3,345,068	42,520,303
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									367,665	367,665
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)				32,710,240	2,998,518			3,466,477	2,977,403	42,152,638
2. Direct Claims Incurred:										
2.1 Paid claims during the year				19,339,242	1,857,774			2,119,298	2,093,403	25,409,717
2.2 Direct claim liability current year				4,367,109	401,604			970,813	377,563	6,117,089
2.3 Direct claim liability prior year				4,183,062	498,639			960,009	349,105	5,990,814
2.4 Direct claim reserves current year					1,036			3,634	108	4,778
2.5 Direct claim reserves prior year				234,407	9,348			28,397	446	272,598
2.6 Direct contract reserves current year									6,398,460	6,398,460
2.7 Direct contract reserves prior year				11,760					5,721,975	5,733,735
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)				(4,618)	(773)			(2,175)	(551)	(8,117)
2.9a Healthcare receivables current year				60,775	6,168				7,245	74,188
2.9b Healthcare receivables prior year				65,393	6,941			2,175	7,796	82,305
2.10 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)				19,281,740	1,753,200			2,107,514	2,798,558	25,941,013
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									1,266,026	1,266,026
2.14 Other Adjustments due to MLR calculation - Claims				51,693	2,338			3,795	1,942	59,768
2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 - 2.13 + 2.14)				19,333,434	1,755,538			2,111,309	1,534,474	24,734,755
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)										

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SUPPLEMENT FOR THE YEAR 2010 OF THE TIME INSURANCE COMPANY
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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		Indiana		2010				69477			
3A	All 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)	9,115	7,119	3,420	5,678	3,410	28,744	297,823	137,019	2,666,225	3,129,810
	1.2 Outsourced Services							102,886	122,809	738,431	964,127
	1.3 EDP Equipment and Software (incl \$0 for affiliated services)	281	218	101	159	103	862	44,883	6,670	27,556	79,971
	1.4 Other Equipment (excl. EDP) (incl \$0 for affiliated services)									1,363	1,381
	1.5 Accreditation and Certification (incl \$0 for affiliated services)		XXX	XXX	XXX	XXX					
	1.6 Other Expenses (incl \$0 for affiliated services)	855	667	319	527	21,805	24,174	810,333	22,390	2,271,638	3,128,536
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	10,252	8,004	3,841	6,364	25,319	53,779	1,255,943	288,889	5,705,214	7,303,825
	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	203,728
	1.10 Total (1.7 to 1.9)	10,252	8,004	3,841	6,364	25,319	53,779	1,255,943	288,889	5,705,214	7,507,552
	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)	333	290	181	410	274	1,488	22,719	22,507	225,635	272,349
	2.2 Outsourced Services							11,567	17,616	75,536	104,919
	2.3 EDP Equipment and Software (incl \$0 for affiliated services)	10	8	5	11	7	41	2,418	1,056	2,865	6,381
	2.4 Other Equipment (excl. EDP) (incl \$0 for affiliated services)								15	117	133
	2.5 Accreditation and Certification (incl \$0 for affiliated services)		XXX	XXX	XXX	XXX					
	2.6 Other Expenses (incl \$0 for affiliated services)	31	27	17	38	415	528	45,285	3,748	99,163	148,724
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	374	325	203	459	696	2,057	81,990	45,142	403,317	532,506
	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	15,739
	2.10 Total (2.7 to 2.9)	374	325	203	459	696	2,057	81,990	45,142	403,317	548,245
	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)										

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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	9,120	7,120	3,417	5,661	25,319
	1.2 Other than HIT expenses	10,252	8,004	3,841	6,364	28,461
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT Expenses	191	166	103	235	695
	2.2 Other than HIT expenses	374	325	203	459	1,361
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)	9,311	7,286	3,520	5,896	26,013
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	10,626	8,329	4,044	6,823	29,822
	4.3 Total (Lines 4.1 + 4.2)	19,937	15,615	7,563	12,719	55,834