

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION
REPORT - DESCRIPTION OF ALLOCATION METHODOLOGY - 217
69477 - Time Ins Co**

	Line	Explanation
01	Description of allocation methodology	QUALITY IMPROVEMENT EXPENSES AS DESCRIBED BELOW ARE FIRST ALLOCATED TO THE COMPANY'S INDIVIDUAL, EMPLOYER GROUP, AND OTHER PRODUCTS BASED ON DRIVERS ASSIGNED TO EACH COST CENTER WHERE THE EXPENSE WAS INCURRED. THESE PRODUCT-ASSIGNMENT DRIVERS ARE PRIMARILY DETERMINED BASED ON PERIODIC TIME STUDIES OF THE ACTIVITIES AND PRODUCTS BENEFITTING FROM THE SERVICES PROVIDED BY THOSE EMPLOYEES. IN SOME CASES SUCH AS TECHNOLOGY EXPENSES, THE PRODUCT-ASSIGNMENT DRIVER MAY BE EARNED PREMIUMS. THE EMPLOYER GROUP EXPENSES ARE ALLOCATED BETWEEN SMALL GROUP AND LARGE GROUP BASED ON DIRECT PREMIUMS EARNED. THE EXPENSES WITHIN EACH PRODUCT ARE THEN ALLOCATED TO STATES BASED ON PART 2, LINE 1.8 TOTAL DIRECT PREMIUMS EARNED. QUALITY IMPROVEMENT EXPENSES ARE ASSIGNED TO THE SPECIFIC LINES OF PART 3A IN ACCORDANCE WITH THE NAIC INSTRUCTIONS FOR THIS SUPPLEMENTAL EXHIBIT. THE EXPENSES ARE ALLOCATED TO THE COLUMNS 1 THROUGH 5 OF PART 3A AND 3B BASED ON ESTIMATES AS DESCRIBED BELOW. IN MOST CASES, THES

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	Line	Expense Type from Part 3	New	Detailed Description of Expense
01.0001	Improve Health Outcomes:	DISEASE MANAGEMENT NURSES	E	DISEASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO HAVE SPECIFIC CHRONIC ILLNESSES. THE NURSE MONITORS THE UTILIZATION OF MEDICATIONS WITH THE PATIENT AND THEIR COMPLIANCE WITH MEDICATION USE. THE NURSE ASSISTS IN THE DEVELOPMENT OF INDIVIDUAL TREATMENT PLANS IN COORDINATION WITH THE PATIENT, FAMILY, PHYSICIAN, AND PHARMACIST. THE NURSE REMINDS THE PATIENT OF PHYSICIAN APPOINTMENTS AND THE NEED FOR FOLLOW-UP ON SPECIFIC LAB TESTS (IE, DIABETES ON A1CS). THE NURSE PROVIDES COACHING AND ENCOURAGEMENT TO COMPLY WITH INDIVIDUAL TREATMENT PLANS. THE NURSE INCORPORATES FEEDBACK
01.0002		TRIAGE NURSES	E	TRIAGE NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE PRESCRIBED WITH LONG-TERM INJECTIBLE DRUGS. THE NURSE PROSPECTIVELY EDUCATES THE PATIENT ON THESE DRUGS AND PROMOTES SELF-ADMINISTRATION OF THESE DRUGS WITH THE PATIENT. THE NURSE APPLIES THEIR CLINICAL EXPERTISE AND SOUND JUDGMENT TO DETERMINE IF THE PROPOSED PHARMACEUTICAL TREATMENT PLAN IS MEDICALLY NECESSARY AND APPROPRIATE. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
				CLINICAL REVIEW NURSES CONTRIBUTE TO IMPROVING THE HEALTH OUTCOMES OF OUR CUSTOMERS. THE NURSE PROSPECTIVELY APPLIES THEIR CLINICAL EXPERTISE AND SOUND JUDGMENT TO DETERMINE IF

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01.0003		CLINICAL REVIEW NURSES	E	THE PROPOSED MEDICAL TREATMENT, PROCEDURES, AND TECHNOLOGY IS MEDICALLY NECESSARY AND APPROPRIATE. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
01.0004		CASE MANAGEMENT NURSES	E	CASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE SERIOUSLY ILL. THE NURSE PROSPECTIVELY COLLABORATES WITH THE PATIENT, FAMILY, AND TREATMENT TEAM ON ACHIEVING POSITIVE PATIENT OUTCOMES. THE NURSE MONITORS THE QUALITY OF CARE PROVIDED TO THE PATIENT, EDUCATES THE PATIENT TO MAKE EMPOWERED DECISIONS REGARDING THEIR CARE, AND EVALUATES THE PATIENT'S RESPONSE TO THE HEALTH CARE SERVICES PROVIDED. THE NURSE MONITORS THE UTILIZATION OF MEDICATIONS WITH THE PATIENT AND THEIR COMPLIANCE WITH MEDICATION USE. THE NURSE ASSISTS IN THE DEVELOPMENT OF INDIVIDUAL TREATMENT PLANS IN
02.0001	Activities to Prevent Hospital Readmission:	DISEASE MANAGEMENT NURSES	E	DISEASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO HAVE SPECIFIC CHRONIC ILLNESSES. THE NURSE COACHES THE PATIENT WITH A RECENT INPATIENT EPISODE TO REESTABLISH COMPLIANCE WITH THEIR TREATMENT PLAN AND A HEALTHY LIFESTYLE TO ATTAIN AND MAINTAIN THEIR OPTIMAL LEVEL OF HEALTH. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
				TRIAGE NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE

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02.0002		TRIAGE NURSES	E PRESCRIBED WITH LONG-TERM INJECTIBLE DRUGS. THE NURSE PROSPECTIVELY EDUCATES THE PATIENT ON THESE PHARMACEUTICALS AND PROMOTES ADHERENCE TO THE TREATMENT PLAN IN ORDER TO REDUCE THE INCIDENCE OF HOSPITALIZATION. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
02.0003		CASE MANAGEMENT NURSES	E CASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE SERIOUSLY ILL. THE NURSE PERFORMS COMPREHENSIVE DISCHARGE PLANNING AND MANAGES THE TRANSITION FROM ONE SETTING TO ANOTHER (DISCHARGE TO REHAB OR HOME) IN ORDER TO ENSURE APPROPRIATE CARE THAT WILL SUPPORT RECOVERY AND AVOID RE-ADMISSION TO THE HOSPITAL. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
03.0001	Improve Patient Safety and Reduce Medical Errors:	DISEASE MANAGEMENT NURSES	E DISEASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO HAVE SPECIFIC CHRONIC ILLNESSES. DISEASE MANAGEMENT PROGRAM INTERVENTIONS ARE ASSIGNED AND IMPLEMENTED BASED ON EVIDENCE-BASED GUIDELINES AND SCIENTIFIC-BASED EVIDENCE. INTERVENTIONS MAY BE SUPPORTED BY WRITTEN OR OTHER EDUCATIONAL MATERIAL. THE NURSE DISCUSSES POTENTIAL INTERACTIONS AND SIDE EFFECTS OF MEDICATIONS. THE NURSE COLLABORATES WITH THE PATIENT, FAMILY, AND TREATMENT TO RESOLVE QUESTIONS AND CONCERNS THAT ARISE. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS

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				ATTRIBUTED TO THESE QUALITY IMPRO
03.0002		TRIAGE NURSES	E	<p>TRIAGE NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE PRESCRIBED WITH LONG-TERM INJECTIBLE DRUGS. THE NURSE PROSPECTIVELY EDUCATES THE PATIENT ON THE APPROPRIATE USE OF THESE PHARMACEUTICALS AND PROMOTES OPEN DIALOGUE WITH THEIR HEALTH CARE TEAM. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.</p>
03.0003		CLINICAL REVIEW NURSES	E	<p>CLINICAL REVIEW NURSES CONTRIBUTE TO IMPROVING PATIENT SAFETY AND REDUCING MEDICAL ERRORS. THE NURSE PROSPECTIVELY ADVISES THE PATIENT OF NOT MEDICALLY APPROPRIATE AND/OR EXPERIMENTAL TREATMENTS THAT COULD LEAD TO POTENTIAL SAFETY RISKS. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.</p>
03.0004		CASE MANAGEMENT NURSES	E	<p>CASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE SERIOUSLY ILL. CASE MANAGEMENT PROGRAM INTERVENTIONS ARE ASSIGNED AND IMPLEMENTED BASED ON EVIDENCE-BASED GUIDELINES AND SCIENTIFIC-BASED EVIDENCE. THE NURSE MONITORS THE QUALITY OF CARE PROVIDED TO THE PATIENT AND EVALUATES THE PATIENT'S RESPONSE TO THE HEALTH CARE SERVICES PROVIDED. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.</p>

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04.0001	Wellness and Health Promotion Activities:	DISEASE MANAGEMENT NURSES	E	DISEASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO HAVE SPECIFIC CHRONIC ILLNESSES. INTERVENTIONS PROMOTE COMPLIANCE WITH EVIDENCE-BASED GUIDELINES FOR THE TARGETED CONDITIONS. INTERVENTIONS INCLUDE ASSISTANCE WITH BEHAVIOR MODIFICATION, LIFESTYLE CHANGES, AND PSYCHOSOCIAL ISSUES. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
04.0002		CASE MANAGEMENT NURSES	E	CASE MANAGEMENT NURSES ARE DEDICATED TO HELPING OUR CUSTOMERS WHO ARE SERIOUSLY ILL. INTERVENTIONS PROMOTE COMPLIANCE WITH EVIDENCE-BASED GUIDELINES FOR THE TARGETED CONDITIONS. INTERVENTIONS INCLUDE ASSISTANCE WITH BEHAVIOR MODIFICATION, LIFESTYLE CHANGES, AND PSYCHOSOCIAL ISSUES. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE QUALITY IMPROVEMENT ACTIVITIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.
05.0001	HIT Expenses for Health Care Quality Improvements:	TECHNOLOGY AND DATA SPECIALISTS	E	TECHNOLOGY AND DATA SPECIALISTS CONTRIBUTE TO PATIENT QUALITY OF CARE. THESE EMPLOYEES PROVIDE PATIENT-CENTERED HEALTH INFORMATION TO THE VARIOUS NURSES IDENTIFIED ABOVE. THIS INFORMATION IS USED BY THE NURSES TO MONITOR PATIENT ACTIVITIES AND HELP IDENTIFY APPROPRIATE TREATMENT PLANS. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE ACTIVITIES, AND FURTHER ALLOCATED TO THE QUALITY IMPROVEMENT CATEGORIES BASED ON ESTIMATES OF TIME SPENT ON THESE ACTIVITIES.

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05.0002		HEALTH MANAGEMENT PROJECT LEADERS	E	<p>HEALTH MANAGEMENT PROJECT LEADERS CONTRIBUTE TO PATIENT QUALITY OF CARE. THESE EMPLOYEES PROVIDE ANALYSES OF HEALTH INFORMATION TO THE VARIOUS NURSES IDENTIFIED ABOVE. THESE ANALYSES HELP THE NURSES IDENTIFY CUSTOMERS WHO MAY BENEFIT FROM OUR INDIVIDUALIZED CARE MANAGEMENT PROGRAMS. THESE ANALYSES ALSO HELP TO ASSESS THE SUCCESS OF OUR CARE MANAGEMENT PROGRAMS, FROM WHICH WE CAN DETERMINE APPROPRIATE CHANGES TO THOSE PROGRAMS TO IMPROVE THE HEALTH OUTCOMES FOR OUR CUSTOMERS. A PORTION OF THE COMPANY'S EXPENSE RELATING TO THESE EMPLOYEES IS ATTRIBUTED TO THESE ACTIVITIES, AND FURTHER ALLOCA</p>
05.0003		HEALTH MANAGEMENT SYSTEM	E	<p>THE COMPANY'S HEALTH MANAGEMENT SYSTEM IS A MEDICAL MANAGEMENT SYSTEM USED TO MAINTAIN PRE-CERTIFICATION, CASE AND DISEASE MANAGEMENT, AND UTILIZATION/RETROSPECTIVE REVIEW FOR ALL POLICYHOLDERS. REVIEW NOTES AND MEDICAL DETERMINATIONS MADE BY NURSES, PHARMACY STAFF, AND MEDICAL DIRECTORS ARE DOCUMENTED IN HMS. THIS SYSTEM ALSO CONTAINS INFORMATION REGARDING PATIENT GOALS, TREATMENT PLANS, AND SUPPORT SERVICES THAT ARE RECOMMENDED OR PROVIDED. THIS INFORMATION IS AVAILABLE FOR TREND REPORTING TO ANALYZE AND IMPROVE SERVICES FOR THE ENTIRE POPULATION. ALL OF THE NURSES IDENTIFIED ABOVE RELY</p>
				<p>AN INFORMATION TECHNOLOGY PROJECT IS IN PROCESS TO CONSTRUCT A CLAIMS DATA MART TO FILL THE NEED FOR A CLAIMS-CENTRIC SOURCE FOR CLAIMS ANALYSIS INCLUDING EXPERIENCE, RESEARCH STUDIES, AND REPORTING. THIS DATAMART, WHICH IS</p>

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05.0004		INFORMATION TECHNOLOGY PROJECT	X	ANTICIPATED TO BE IMPLEMENTED FOR 2012, WILL HAVE DATA AT A LEVEL OF DETAIL WHICH ENABLES US TO TIE THE ANALYSIS AND RESEARCH TO INDIVIDUAL PATIENTS, AND INTERVENE OR AMEND ONGOING TREATMENT PLANS. THE OUTPUT OF THIS DATAMART WILL ALLOW FOR THE PATIENT IDENTIFICATION AND TRACKING OF WHETHER SPECIFIC DISEASE-CENTRIC MEDICAL INTERVENTIONS OR SERVICES ARE LEADING TO BETTER P
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2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - 216
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for Louisiana

	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (Cols 7 + 8)
01.1	Health premiums earned (from Part 2, Line 1.8) (premium)	LA	12,668,508	397,387	247,490	0	1,052,981	2,177,205	16,543,571		16,543,571
01.10	Other adjustments due to MLR calculations - premiums (premium)	LA	0	0	0	0	0	0	0		0
01.11	Risk revenue (premium)	LA	0	0	0	0	0	0	0		0
01.12	Net adjusted premiums earned after reinsurance (Lines 1.8+1.9+1.10+1.11) (premium)	LA	14,171,231	421,219	281,529	0	1,050,801	1,171,388	17,096,169		17,096,169
01.2	Federal high risk pools (premium)	LA	0	0	0	0	0	0	0		0
01.3	State high risk pools (premium)	LA	-12,936	-157	-98	0	1,436	-1,817	-13,572		-13,572
01.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) (premium)	LA	12,655,572	397,230	247,392	0	1,054,417	2,175,388	16,529,999		16,529,999
01.5	Federal taxes and federal assessments (premium)	LA	-1,741,332	-31,551	-38,847	0	-16,280	564,023	-1,263,986	0	-1,263,986
01.6	State insurance, premium and other taxes (similar local taxes of \$0) (premium)	LA	209,572	6,557	4,084	0	17,202	29,440	266,855	0	266,855
01.7	Regulatory authority licenses and fees (premium)	LA	16,101	1,004	625	0	2,694	2,242	22,666	0	22,666
01.8	Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7) (premium)	LA	14,171,231	421,219	281,529	0	1,050,801	1,579,683	17,504,464		17,504,464
01.9	Net assumed less ceded reinsurance premiums earned (premium)	LA	0	0	0	0	0	-408,295	-408,295		-408,295
02.1	Incurred claims excluding prescription drugs (claims)	LA	9,433,130	327,806	297,920	0	639,161	2,045,660	12,743,676		12,743,676
02.2	Prescription drugs (claims)	LA	659,381	71,167	11,105	0	0	118,258	859,911		859,911
02.3	Pharmaceutical rebates (claims)	LA	123,282	8,341	1,462	0	223	22,152	155,460		155,460
	State stop loss, market stabilization and claim/census										

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02.4	based assessments (claims)	LA	-114	0	0	0	0	-15	-129		-129
03	Incurred medical incentive pools and bonuses	LA	0	0	0	0	0	0	0		0
04	Deductible fraud and abuse detection/recovery expenses (for MLR use only)	LA	0	0	0	0	0	0	0	0	0
05.0	Total incurred claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	LA	9,969,343	390,632	307,563	0	638,938	2,141,781	13,448,256		13,448,256
05.1	Net assumed less ceded reinsurance claims incurred	LA	0	0	0	0	0	1,585,313	-1,585,313		-1,585,313
05.2	Other adjustments due to MLR calculations - claims	LA	86,845	669	18	0	1,259	3,356	92,147		92,147
05.3	Rebates paid	LA	0	0	0	0	0	0	0		0
05.4	Estimated rebates unpaid prior year	LA	0	0	0	0	0	0	0		0
05.5	Estimated rebates unpaid current year	LA	0	0	0	0	0	0	0		0
05.6	Fee for service and co-pay revenue	LA	0	0	0	0	0	0	0		0
05.7	Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	LA	10,056,188	391,301	307,581	0	640,197	559,824	11,955,091		11,955,091
06.1	Type A. Expenses for health improvements other than Health Information Technology (improving health care quality expenses incurred)	LA	11,021	181	112	0	793	1,430	13,537	0	13,537
06.2	Type B. Health Information Technology expenses related to health improvement (improving health care quality expenses incurred)	LA	9,807	92	58	0	331	1,272	11,560	0	11,560
06.3	Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	LA	20,828	273	170	0	1,124	2,702	25,097	0	25,097
07	Preliminary medical loss ratio: MLR (Lines 4 + 5.0 + 6.3)/Line 1.8	LA	1	1	1						
	Cost containment										

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08.1	expenses not included in quality of care expenses in Line 6.3 (claims adjustment expenses)	LA	486,421	10,866	6,767	0	35,140	63,199	602,393	0	602,393
08.2	All other claims adjustment expenses (claims adjustment expenses)	LA	111,885	5,982	3,726	0	8,164	14,518	144,275	0	144,275
08.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	LA	598,307	16,848	10,493	0	43,304	77,716	746,668	0	746,668
09	Claims adjustment expense ratio (Line 8.3 divided by Line 1.8)	LA	0	0	0	0	0	0			
10.1	Direct sales salaries and benefits (general and administrative expenses)	LA	87,224	6,711	4,179	0	7,100	11,318	116,532	0	116,532
10.2	Agents and brokers fees and commissions (general and administrative expenses)	LA	1,256,603	30,659	19,094	0	209,372	184,138	1,699,867	0	1,699,867
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below) (general and administrative expenses)	LA	78,902	2,086	1,299	0	10,358	10,238	102,883	0	102,883
10.4	Other general and administrative expenses (general and administrative expenses)	LA	2,122,376	46,740	29,109	0	331,048	275,805	2,805,079	0	2,805,079
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	LA	3,545,106	86,196	53,682	0	557,879	481,499	4,724,361	0	4,724,361
11	Underwriting gain/(loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	LA	-49,196	-73,398	-90,397	0	-191,703	49,646	-355,047		-355,047
12	Income from fees of uninsured plans	LA								0	0
13	Net investment and other gain/(loss)	LA							633,915		633,915
14	Federal income taxes (excluding taxes on Line 1.5 above)	LA	117,694	2,928	1,823	0	7,170	14,980	144,595	0	144,595
15	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	LA							134,273		134,273
	ICD-10 implementation expenses										

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16	(informational only; already included in general expenses)	LA	0	0	0	0	0	0	0	0	0
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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - OTHER
INDICATORS - 216
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	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (Cols 7 + 8)
01	Number of certificates/policies	LA	2,766	45	53	0	575	1,237	4,676	0	4,676
02	Number of covered lives	LA	4,276	68	84	0	729	1,647	6,804	0	6,804
03	Number of groups	LA		14	1	0	0	14	29	0	29
04	Member months	LA	56,721	1,050	1,069	0	8,470	20,162	87,472	0	87,472

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2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2 - 216
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	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Total
01.1	Direct premiums written (health premiums earned)	LA	12,627,138	398,037	247,490	0	1,043,301	2,173,327	16,489,293
01.10	Net assumed less ceded premiums earned from affiliates (health premiums earned)	LA	0	0	0	0	0	0	0
01.11	Ceded premiums earned to non-affiliates (health premiums earned)	LA	0	0	0	0	0	408,295	408,295
01.12	Other adjustments due to MLR calculation - premiums (health premiums earned)	LA	0	0	0	0	0	0	0
01.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 - 1.12)	LA	12,668,508	397,387	247,490	0	1,052,981	1,768,910	16,135,276
01.2	Unearned premium prior year (health premiums earned)	LA	766,843	0	0	0	82,533	176,650	1,026,026
01.3	Unearned premium current year (health premiums earned)	LA	725,473	650	0	0	72,853	172,772	971,748
01.4	Change in unearned premium (Lines 1.2 - 1.3) (health premiums earned)	LA	41,370	-650	0	0	9,680	3,878	54,278
01.5	Reserve for rate credits prior year (health premiums earned)	LA							
01.6	Reserve for rate credits current year (health premiums earned)	LA							
01.7	Change in reserve for rate credits (Lines 1.5 - 1.6) (health premiums earned)	LA							
01.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$0 write offs) (health premiums earned)	LA	12,668,508	397,387	247,490	0	1,052,981	2,177,205	16,543,571
01.9	Assumed premiums earned from non-affiliates (health premiums earned)	LA	0	0	0	0	0	0	0
02.1	Paid claims during the year (direct claims incurred)	LA	10,132,287	308,990	256,718	0	694,306	1,192,285	12,584,586
02.10	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	LA	9,969,343	390,631	307,563	0	638,938	2,141,781	13,448,256
02.11	Assumed incurred claims from non-affiliates (direct claims incurred)	LA	0	0	0	0	0	0	0
02.12	Net assumed less ceded incurred claims from affiliates (direct claims incurred)	LA	0	0	0	0	0	0	0
02.13	Ceded incurred claims to non-affiliates (direct claims incurred)	LA	0	0	0	0	0	1,585,313	1,585,313
02.14	Other adjustments due to MLR calculation - claims (direct claims incurred)	LA	86,845	669	18	0	1,259	3,356	92,147
02.15	Net incurred claims (Lines 2.10 + 2.11 + 2.12 - 2.13 - 2.14)	LA	10,056,188	391,300	307,581	0	640,197	559,824	11,955,090
02.2	Direct claim liability current year (direct claims incurred)	LA	1,978,415	147,168	91,654	0	491,324	260,800	2,969,361
02.3	Direct claim liability prior year (direct claims incurred)	LA	2,079,552	63,989	39,852	0	538,185	265,087	2,986,666
02.4	Direct claim reserves current year (direct claims incurred)	LA	0	137	86	0	1,087	26	1,336

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02.5	Direct claim reserves prior year (direct claims incurred)	LA	54,835	1,256	782	0	9,945	0	66,818
02.6	Direct contract reserves current year (direct claims incurred)	LA	0	0	0	0	0	5,899,824	5,899,824
02.7	Direct contract reserves prior year (direct claims incurred)	LA	2,488	0	0	0	0	4,945,261	4,947,749
02.8	Incurred medical incentive pools and bonuses (Lines 2.8A + 2.8B - 2.8C) (direct claims incurred)	LA	0	0	0	0	0	0	0
02.8A	Paid medical incentive pools and bonuses current year	LA	0	0	0	0	0	0	0
02.8B	Accrued medical incentive pools and bonuses current year	LA	0	0	0	0	0	0	0
02.8C	Accrued medical incentive pools and bonuses prior year	LA	0	0	0	0	0	0	0
02.9	Net healthcare receivables (Lines 2.9A - 2.9B) (direct claims incurred)	LA	4,484	419	261	0	-351	806	5,619
02.9A	Healthcare receivables current year	LA	31,417	1,422	886	0	0	5,645	39,370
02.9B	Healthcare receivables prior year	LA	26,933	1,003	625	0	351	4,839	33,751
03	Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	LA	0	0	0	0	0	0	0

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	Line	State Code	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness and Health Promotion Activities	HIT Expenses	Total (Cols. 1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
01.1	Salaries (including \$0 for affiliated services) (individual comprehensive coverage expenses)	LA	3,530	2,757	1,324	2,199	1,321	11,131	115,345	53,067	1,032,616	1,212,159
01.10	Total (1.7 to 1.9) (individual comprehensive coverage expenses)	LA	3,970	3,100	1,487	2,464	9,806	20,827	486,421	111,885	2,209,600	2,907,635
01.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	LA	0	0	0	0	0	0	0	0	0	0
01.2	Outsourced services (individual comprehensive coverage expenses)	LA	0	0	0	0	0	0	39,848	47,563	285,990	373,401
01.3	EDP equipment and software (including \$0 for affiliated services) (individual comprehensive coverage expenses)	LA	109	84	39	61	40	333	17,383	2,583	10,672	30,971
01.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (individual comprehensive coverage expenses)	LA	0	0	0	0	0	0	7	0	528	536
01.5	Accreditation and certification (including \$0 for affiliated services) (individual comprehensive coverage expenses)	LA	0					0	0	0	0	0
01.6	Other expenses (including \$0 for affiliated services) (individual comprehensive coverage expenses)	LA	331	258	124	204	8,445	9,363	313,838	8,672	879,793	1,211,666
01.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	LA	3,970	3,100	1,487	2,464	9,806	20,827	486,421	111,885	2,209,600	2,828,733
01.8	Reimbursements by uninsured plans and fiscal intermediaries (individual comprehensive coverage)	LA	0	0	0	0	0	0	0	0	0	0

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	expenses)												
01.9	Taxes, licenses and fees (in total, for tying purposes) (individual comprehensive coverage expenses)	LA											78,902
02.1	Salaries (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	44	38	24	54	36	197	3,011	2,983	29,903	36,093	
02.10	Total (2.7 to 2.9) (small group comprehensive coverage expenses)	LA	50	43	27	60	92	273	10,866	5,982	53,450	72,657	
02.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	LA	0	0	0	0	0	0	0	0	0	0	
02.2	Outsourced services (small group comprehensive coverage expenses)	LA	0	0	0	0	0	0	1,533	2,361	10,011	13,905	
02.3	EDP equipment and software (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	1	1	1	1	1	6	320	140	380	845	
02.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	2	15	17	
02.5	Accreditation and certification (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	0					0	0	0	0	0	
02.6	Other expenses (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	4	4	2	5	55	70	6,001	497	13,142	19,710	
02.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	LA	50	43	27	60	92	273	10,866	5,982	53,450	70,571	
02.8	Reimbursements by uninsured plans and fiscal intermediaries (small group	LA	0	0	0	0	0	0	0	0	0	0	

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	comprehensive coverage expenses)												
02.9	Taxes, licenses and fees (in total, for tying purposes) (small group comprehensive coverage expenses)	LA											2,086
03.1	Salaries (including \$0 for affiliated services) (large group comprehensive coverage expenses)	LA	28	24	15	34	23	123	1,875	1,857	18,623	22,479	
03.10	Total (3.7 to 3.9) (large group comprehensive coverage expenses)	LA	31	27	17	38	58	170	6,767	3,726	33,288	45,250	
03.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	LA	0	0	0	0	0	0	0	0	0	0	
03.2	Outsourced services (large group comprehensive coverage expenses)	LA	0	0	0	0	0	0	955	1,471	6,234	8,660	
03.3	EDP equipment and software (including \$0 for affiliated services) (large group comprehensive coverage expenses)	LA	1	1	0	1	1	3	200	87	236	527	
03.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (large group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	1	10	11	
03.5	Accreditation and certification (including \$0 for affiliates services) (large group comprehensive coverage expenses)	LA	0					0	0	0	0	0	
03.6	Other expenses (including \$0 for affiliated services) (large group comprehensive coverage expenses)	LA	3	2	2	3	34	44	3,738	309	8,184	12,275	
03.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	LA	31	27	17	38	58	170	6,767	3,726	33,288	43,951	
	Reimbursements by uninsured plans and fiscal												

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03.8	intermediaries (large group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	0	0	0
03.9	Taxes, licenses and fees (in total, for tying purposes) (large group comprehensive coverage expenses)	LA										1,299

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	Line	State Code	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness and Health Promotion Activities	Total (Cols. 1 to 4)
01.1	HIT expenses (individual comprehensive coverage expenses)	LA	3,533	2,758	1,323	2,193	9,807
01.2	Other than HIT expenses (individual comprehensive coverage expenses)	LA	3,970	3,100	1,487	2,464	11,021
02.1	HIT expenses (small group comprehensive coverage expenses)	LA	25	22	14	31	92
02.2	Other than HIT expenses (small group comprehensive coverage expenses)	LA	50	43	27	60	181
03.1	HIT expenses (large group comprehensive coverage expenses)	LA	16	14	8	20	58
03.2	Other than HIT expenses (large group comprehensive coverage expenses)	LA	31	27	17	38	112
04.1	Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	LA	3,574	2,794	1,345	2,244	9,957
04.2	Subtotal other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	LA	4,051	3,170	1,531	2,562	11,314
04.3	Total (Lines 4.1 + 4.2)	LA	7,625	5,964	2,876	4,806	21,271

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