Supplement for the year 2010 of the **FLORIDA HEALTH CARE PLAN, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2010 NAIC Company Code.....13567

	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 (Cols 7 + 8)
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233	XXX	302,525,233
1.2 Federal high risk pools							0	XXX	0
1.3 State high risk pools							0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233	XXX	302,525,233
1.5 Federal taxes and federal assessments	(453,818)	674,704	2,598,572	3,543,419		301,875	6,664,752		6,664,752
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	(50,992)	195,571	992,003	1,287,199		51,675	2,475,456		2,475,456
1.7 Regulatory authority licenses and fees							0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	4,869,199	19,314,161	119,008,390	150,546,825	0	(353,550)	293,385,025	XXX	293,385,025
1.9 Net assumed less ceded reinsurance premiums earned	(29,003)	(107,934)	(964,382)	(803,639)	0	0	(1,904,958)	XXX	(1,904,958)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue							0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	4,840,197	19,206,227	118,044,008	149,743,186	0	(353,550)	291,480,067	XXX	291,480,067
2. Claims:									
2.1 Incurred claims excluding prescription drugs	4,687,058	14,251,327	90,701,051	116,744,574			226,384,010	XXX	226,384,010
2.2 Prescription drugs	588,309	1,405,232	6,729,220	6,026,662			14,749,423	XXX	14,749,423
2.3 Pharmaceutical rebates							0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments							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)	4,545	13,634	93,165	115,889			227,233		227,233
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3-2.4+3) (From Part 2, Line 2.10)	5,275,366	15,656,560	97,430,271	122,771,237	0	0	241,133,433	XXX	241,133,433
5.1 Net assumed less ceded reinsurance claims incurred	(123,552)	(234,773)	(583,527)	(116,315)	0	0	(1,058,168)	XXX	(1,058,168)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid							0	XXX	0
5.4 Estimated rebates unpaid prior year							0	XXX	0
5.5 Estimated rebates unpaid current year							0	XXX	0
5.6 Fee for service and co-pay revenue						1,053,221	1,053,221	XXX	1,053,221
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	5,151,814	15,421,786	96,846,744	122,654,921	0	(1,053,221)	239,022,044	XXX	239,022,044
6. Improving health care quality expenses incurred:									
6.1 Type A. Expenses for health improvements other than health information technology	62,521	187,562	1,281,672	1,615,007			3,146,761		3,146,761
6.2 Type B. Health information technology expenses related to health improvement	89,538	268,613	1,835,522	2,262,478			4,456,151		4,456,151
6.3 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2)	152,058	456,175	3,117,194	3,877,485	0	0	7,602,913	0	7,602,913
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.3) / Line 1.8	1.116	0.835	0.846	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	48,631	145,893	996,937	1,240,092			2,431,553		2,431,553
8.2 All other claims adjustment expenses	28,080	84,239	575,633	716,031			1,403,983		1,403,983
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	76,711	230,132	1,572,570	1,956,123	0	0	3,835,535	0	3,835,535
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.016	0.012	0.013	0.013	0.000	0.000	XXX	XXX	XXX
10. General and administrative (G&A) expenses:									
10.1 Direct sales salaries and benefits	22,188	66,564	454,856	565,796			1,109,404		1,109,404
10.2 Agents and brokers fees and commissions		418,049	929,140				1,347,190		1,347,190
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	2,589	15,568	98,671	123,929		1,157	241,914		241,914
10.4 Other general and administrative expenses	460,556	963,617	8,512,248	11,744,166			21,680,587		21,680,587
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	485,332	1,463,799	9,994,915	12,433,891	0	1,157	24,379,094	0	24,379,094
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.3-8.3-10.5)	(1,025,718)	1,634,335	6,512,585	8,820,765	0	698,514	16,640,481	XXX	16,640,481
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	1,324,647	XXX	1,324,647
14. Federal income taxes (excluding taxes on Line 1.5 above)	7,148	(10,628)	(40,932)	(55,813)		(4,755)	(104,980)		(104,980)
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	18,070,108	XXX	18,070,108
16. ICD-10 Implementation Expenses (informational only, already included in general expenses)	8,375	25,125	171,690	213,565			418,755		418,755
OTHER INDICATORS:									
1. Number of certificates/policies	668	3,240	14,879	18,225			37,012		37,012
2. Number of covered lives	798	4,542	25,215	18,225			48,780		48,780
3. Number of groups	XXX	915	47				962		962
4. Member months	9,864	49,018	312,216	218,830			589,928		589,928

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2010 NAIC Company Code.....13567

	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	4,364,389	20,184,436	122,598,965	155,377,443			302,525,233
1.2 Unearned premium prior year							0
1.3 Unearned premium current year							0
1.4 Change in unearned premium (Lines 1.2-1.3)	0	0	0	0	0	0	0
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+1.7 less $.....0 write offs)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233
1.9 Assumed premiums earned from non-affiliates							0
1.10 Net assumed less ceded premiums earned from affiliates							0
1.11 Ceded premiums earned to non-affiliates	29,003	107,934	964,382	803,639			1,904,958
1.12 Other adjustments due to MLR calculation - premiums							0
1.13 Net premiums earned (Lines 1.8+1.9+1.10-1.11+1.12)	4,335,387	20,076,502	121,634,583	154,573,804	0	0	300,620,275
2. Direct claims incurred:							
2.1 Paid claims during the year	5,296,474	15,551,538	97,871,265	122,023,115			240,742,392
2.2 Direct claim liability current year	524,759	1,605,705	9,126,387	12,299,213			23,556,064
2.3 Direct claim liability prior year	543,560	1,493,762	9,520,083	11,492,258			23,049,664
2.4 Direct claim reserves current year							0
2.5 Direct claim reserves prior year							0
2.6 Direct contract reserves current year							0
2.7 Direct contract reserves prior year							0
2.8 Incurred medical incentive pools and bonuses (Lines 2.8a+2.8b-2.8c)	0	0	0	0	0	0	0
2.8a Paid medical incentive pools and bonuses current year							0
2.8b Accrued medical incentive pools and bonuses current year							0
2.8c Accrued medical incentive pools and bonuses prior year							0
2.9 Net healthcare receivables (Lines 2.9a-2.9b)	0	0	0	0	0	0	0
2.9a Healthcare receivables current year							0
2.9b Healthcare receivables prior year							0
2.10 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8-2.9)	5,277,674	15,663,481	97,477,568	122,830,070	0	0	241,248,793
2.11 Assumed incurred claims from non-affiliates							0
2.12 Net assumed less ceded incurred claims from affiliates							0
2.13 Ceded incurred claims to non-affiliates	123,552	234,773	583,527	116,315			1,058,168
2.14 Other adjustments due to MLR calculation - claims							0
2.15 Net incurred claims (Lines 2.10+2.11+2.12-2.13+2.14)	5,154,121	15,428,708	96,894,041	122,713,755	0	0	240,190,625
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	4,545	13,634	93,165	115,889			227,233

Supplement for the year 2010 of the **FLORIDA HEALTH CARE PLAN, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2010 NAIC Company Code.....13567

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 (Cols. 1 thru 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols 6 thru 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	24,229	8,164	10,918	4,530	59,317	107,158	41,274	24,995	330,679	504,106
1.2 Outsourced services	341		116	1	1,309	1,767	83	2,359	8,608	12,816
1.3 EDP equipment and software (including $.....0 for affiliated services)	264	61	48	31	3,076	3,480	372	338	33,078	37,268
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	196	61	43	28	352	680	369	558	5,470	7,077
1.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			484	484
1.6 Other expenses (including $.....0 for affiliated services)	3,960	511	1,575	7,443	25,484	38,973	8,633	1,314	251,352	300,272
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	28,990	8,796	12,700	12,034	89,538	152,058	50,731	29,565	629,670	862,024
1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,105
1.10 Total (Lines 1.7 to 1.9)	28,990	8,796	12,700	12,034	89,538	152,058	50,731	29,565	629,670	896,129
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	6,720			6,720
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	72,688	24,491	32,754	13,591	177,950	321,475	123,822	74,984	992,037	1,512,317
2.2 Outsourced services	1,022		349	3	3,926	5,300	248	7,078	25,823	38,449
2.3 EDP equipment and software (including $.....0 for affiliated services)	793	182	144	94	9,227	10,439	1,117	1,015	99,234	111,805
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	588	183	128	85	1,057	2,040	1,106	1,674	16,411	21,232
2.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			1,453	1,453
2.6 Other expenses (including $.....0 for affiliated services)	11,881	1,533	4,725	22,330	76,453	116,920	25,900	3,942	754,055	900,817
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	86,971	26,389	38,099	36,103	268,613	456,175	152,193	88,694	1,889,012	2,586,074
2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102,314
2.10 Total (Lines 2.7 to 2.9)	86,971	26,389	38,099	36,103	268,613	456,175	152,193	88,694	1,889,012	2,688,388
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	20,159			20,159
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	496,702	167,357	223,820	92,875	1,215,991	2,196,745	846,119	512,388	6,778,917	10,334,168
3.2 Outsourced services	6,984		2,383	23	26,827	36,217	1,694	48,368	176,457	262,735
3.3 EDP equipment and software (including $.....0 for affiliated services)	5,416	1,243	981	640	63,055	71,335	7,635	6,936	678,096	764,003
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	4,016	1,250	873	579	7,223	13,942	7,560	11,442	112,143	145,086
3.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			9,931	9,931
3.6 Other expenses (including $.....0 for affiliated services)	81,185	10,476	32,284	152,585	522,426	798,955	176,981	26,940	5,152,709	6,155,586
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	594,303	180,326	260,341	246,702	1,835,522	3,117,194	1,039,988	606,074	12,908,252	17,671,508
3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	699,142
3.10 Total (Lines 3.7 to 3.9)	594,303	180,326	260,341	246,702	1,835,522	3,117,194	1,039,988	606,074	12,908,252	18,370,650
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	164,635			164,635

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 (Cols. 1 thru 4)
1. Individual comprehensive coverage expenses:					
1.1 HIT expenses	66,532	726	21,467	813	89,538
1.2 Other than HIT expenses	28,990	8,796	12,700	12,034	62,521
2. Small group comprehensive coverage expenses:					
2.1 HIT expenses	199,595	2,178	64,401	2,439	268,613
2.2 Other than HIT expenses	86,971	26,389	38,099	36,103	187,562
3. Large group comprehensive coverage expenses:					
3.1 HIT expenses	1,363,898	14,881	440,075	16,667	1,835,522
3.2 Other than HI expenses	594,303	180,326	260,341	246,702	1,281,672
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1+2.1+3.1)	1,630,025	17,785	525,944	19,919	2,193,673
4.2 Subtotal other than HIT expenses (Lines 1.2+2.2+3.2)	710,265	215,511	311,140	294,839	1,531,754
4.3 Total (Lines 4.1+4.2)	2,340,290	233,296	837,083	314,758	3,725,427

Supplement for the year 2010 of the **FLORIDA HEALTH CARE PLAN, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2010 NAIC Company Code.....13567

	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 (Cols 7 + 8)
1. Premium:									
1.1 Health premiums earned (From Part 2, Line 1.8)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233	XXX	302,525,233
1.2 Federal high risk pools							0	XXX	0
1.3 State high risk pools							0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233	XXX	302,525,233
1.5 Federal taxes and federal assessments	(453,818)	674,704	2,596,572	3,543,419		301,875	6,664,752		6,664,752
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	(50,992)	195,571	992,003	1,287,199		51,675	2,475,456		2,475,456
1.7 Regulatory authority licenses and fees							0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	4,869,199	19,314,161	119,008,390	150,546,825	0	(353,550)	293,385,025	XXX	293,385,025
1.9 Net assumed less ceded reinsurance premiums earned	(29,003)	(107,934)	(964,382)	(803,639)	0	0	(1,904,958)	XXX	(1,904,958)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue							0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	4,840,197	19,206,227	118,044,008	149,743,186	0	(353,550)	291,480,067	XXX	291,480,067
2. Claims:									
2.1 Incurred claims excluding prescription drugs	4,687,058	14,251,327	90,701,051	116,744,574			226,384,010	XXX	226,384,010
2.2 Prescription drugs	588,309	1,405,232	6,729,220	6,026,662			14,749,423	XXX	14,749,423
2.3 Pharmaceutical rebates							0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments							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)	4,545	13,634	93,165	115,889			227,233		227,233
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3-2.4+3) (From Part 2, Line 2.10)	5,275,366	15,656,560	97,430,271	122,771,237	0	0	241,133,433	XXX	241,133,433
5.1 Net assumed less ceded reinsurance claims incurred	(123,552)	(234,773)	(583,527)	(116,315)	0	0	(1,058,168)	XXX	(1,058,168)
5.2 Other adjustments due to MLR calculations - claims	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid							0	XXX	0
5.4 Estimated rebates unpaid prior year							0	XXX	0
5.5 Estimated rebates unpaid current year							0	XXX	0
5.6 Fee for service and co-pay revenue						1,053,221	1,053,221	XXX	1,053,221
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	5,151,814	15,421,786	96,846,744	122,654,921	0	(1,053,221)	239,022,044	XXX	239,022,044
6. Improving health care quality expenses incurred:									
6.1 Type A. Expenses for health improvements other than health information technology	62,521	187,562	1,281,672	1,615,007			3,146,761		3,146,761
6.2 Type B. Health information technology expenses related to health improvement	89,538	268,613	1,835,522	2,262,478			4,456,151		4,456,151
6.3 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2)	152,058	456,175	3,117,194	3,877,485	0	0	7,602,913	0	7,602,913
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.3) / Line 1.8	1.116	0.835	0.846	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	48,631	145,893	996,937	1,240,092			2,431,553		2,431,553
8.2 All other claims adjustment expenses	28,080	84,239	575,633	716,031			1,403,983		1,403,983
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	76,711	230,132	1,572,570	1,956,123	0	0	3,835,535	0	3,835,535
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.016	0.012	0.013	0.013	0.000	0.000	XXX	XXX	XXX
10. General and administrative (G&A) expenses:									
10.1 Direct sales salaries and benefits	22,188	66,564	454,856	565,796			1,109,404		1,109,404
10.2 Agents and brokers fees and commissions		418,049	929,140				1,347,190		1,347,190
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	2,589	15,568	98,671	123,929		1,157	241,914		241,914
10.4 Other general and administrative expenses	460,556	963,617	8,512,248	11,744,166			21,680,587		21,680,587
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	485,332	1,463,799	9,994,915	12,433,891	0	1,157	24,379,094	0	24,379,094
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.3-8.3-10.5)	(1,025,718)	1,634,335	6,512,585	8,820,785	0	698,514	16,640,481	XXX	16,640,481
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	1,324,647	XXX	1,324,647
14. Federal income taxes (excluding taxes on Line 1.5 above)	7,148	(10,628)	(40,932)	(55,813)		(4,755)	(104,980)		(104,980)
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	18,070,106	XXX	18,070,106
16. ICD-10 Implementation Expenses (informational only, already included in general expenses)	8,375	25,125	171,690	213,565			418,755		418,755
OTHER INDICATORS:									
1. Number of certificates/policies	668	3,240	14,879	18,225			37,012		37,012
2. Number of covered lives	798	4,542	25,215	18,225			48,780		48,780
3. Number of groups	XXX	915	47				962		962
4. Member months	9,864	49,018	312,216	218,830			589,928		589,928

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2010 NAIC Company Code.....13567

	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	4,364,389	20,184,436	122,598,965	155,377,443			302,525,233
1.2 Unearned premium prior year							0
1.3 Unearned premium current year							0
1.4 Change in unearned premium (Lines 1.2-1.3)	0	0	0	0	0	0	0
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+1.7 less $.....0 write offs)	4,364,389	20,184,436	122,598,965	155,377,443	0	0	302,525,233
1.9 Assumed premiums earned from non-affiliates							0
1.10 Net assumed less ceded premiums earned from affiliates							0
1.11 Ceded premiums earned to non-affiliates	29,003	107,934	964,382	803,639			1,904,958
1.12 Other adjustments due to MLR calculation - premiums							0
1.13 Net premiums earned (Lines 1.8+1.9+1.10-1.11+1.12)	4,335,387	20,076,502	121,634,583	154,573,804	0	0	300,620,275
2. Direct claims incurred:							
2.1 Paid claims during the year	5,296,474	15,551,538	97,871,265	122,023,115			240,742,392
2.2 Direct claim liability current year	524,759	1,605,705	9,126,387	12,299,213			23,556,064
2.3 Direct claim liability prior year	543,560	1,493,762	9,520,083	11,492,258			23,049,664
2.4 Direct claim reserves current year							0
2.5 Direct claim reserves prior year							0
2.6 Direct contract reserves current year							0
2.7 Direct contract reserves prior year							0
2.8 Incurred medical incentive pools and bonuses (Lines 2.8a+2.8b-2.8c)	0	0	0	0	0	0	0
2.8a Paid medical incentive pools and bonuses current year							0
2.8b Accrued medical incentive pools and bonuses current year							0
2.8c Accrued medical incentive pools and bonuses prior year							0
2.9 Net healthcare receivables (Lines 2.9a-2.9b)	0	0	0	0	0	0	0
2.9a Healthcare receivables current year							0
2.9b Healthcare receivables prior year							0
2.10 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8-2.9)	5,277,674	15,663,481	97,477,568	122,830,070	0	0	241,248,793
2.11 Assumed incurred claims from non-affiliates							0
2.12 Net assumed less ceded incurred claims from affiliates							0
2.13 Ceded incurred claims to non-affiliates	123,552	234,773	583,527	116,315			1,058,168
2.14 Other adjustments due to MLR calculation - claims							0
2.15 Net incurred claims (Lines 2.10+2.11+2.12-2.13+2.14)	5,154,121	15,428,708	96,894,041	122,713,755	0	0	240,190,625
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	4,545	13,634	93,165	115,889			227,233

Supplement for the year 2010 of the **FLORIDA HEALTH CARE PLAN, INC.**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: FLORIDA HEALTH CARE PLAN, INC. 2. LOCATION: Holly Hill FL

NAIC Group Code.....536 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2010 NAIC Company Code.....13567

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 (Cols. 1 thru 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols 6 thru 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)	24,229	8,164	10,918	4,530	59,317	107,158	41,274	24,995	330,679	504,106
1.2 Outsourced services	341		116	1	1,309	1,767	83	2,359	8,608	12,816
1.3 EDP equipment and software (including $.....0 for affiliated services)	264	61	48	31	3,076	3,480	372	338	33,078	37,268
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	196	61	43	28	352	680	369	558	5,470	7,077
1.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			484	484
1.6 Other expenses (including $.....0 for affiliated services)	3,960	511	1,575	7,443	25,484	38,973	8,633	1,314	251,352	300,272
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	28,990	8,796	12,700	12,034	89,538	152,058	50,731	29,565	629,670	862,024
1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,105
1.10 Total (Lines 1.7 to 1.9)	28,990	8,796	12,700	12,034	89,538	152,058	50,731	29,565	629,670	896,129
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	6,720			6,720
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)	72,688	24,491	32,754	13,591	177,950	321,475	123,822	74,984	992,037	1,512,317
2.2 Outsourced services	1,022		349	3	3,926	5,300	248	7,078	25,823	38,449
2.3 EDP equipment and software (including $.....0 for affiliated services)	793	182	144	94	9,227	10,439	1,117	1,015	99,234	111,805
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	588	183	128	85	1,057	2,040	1,106	1,674	16,411	21,232
2.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			1,453	1,453
2.6 Other expenses (including $.....0 for affiliated services)	11,881	1,533	4,725	22,330	76,453	116,920	25,900	3,942	754,055	900,817
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	86,971	26,389	38,099	36,103	268,613	456,175	152,193	88,694	1,889,012	2,588,074
2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102,314
2.10 Total (Lines 2.7 to 2.9)	86,971	26,389	38,099	36,103	268,613	456,175	152,193	88,694	1,889,012	2,688,388
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0	20,159			20,159
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)	496,702	167,357	223,820	92,875	1,215,991	2,196,745	846,119	512,388	6,778,917	10,334,168
3.2 Outsourced services	6,984		2,383	23	26,827	36,217	1,694	48,368	176,457	262,735
3.3 EDP equipment and software (including $.....0 for affiliated services)	5,416	1,243	981	640	63,055	71,335	7,635	6,936	678,096	764,003
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)	4,016	1,250	873	579	7,223	13,942	7,560	11,442	112,143	145,086
3.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			9,931	9,931
3.6 Other expenses (including $.....0 for affiliated services)	81,185	10,476	32,284	152,585	522,426	798,955	176,981	26,940	5,152,709	6,155,586
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	594,303	180,326	260,341	246,702	1,835,522	3,117,194	1,039,988	606,074	12,908,252	17,671,508
3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	699,142
3.10 Total (Lines 3.7 to 3.9)	594,303	180,326	260,341	246,702	1,835,522	3,117,194	1,039,988	606,074	12,908,252	18,370,650
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)							164,635			164,635

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 (Cols. 1 thru 4)
1. Individual comprehensive coverage expenses:					
1.1 HIT expenses	66,532	726	21,487	813	89,538
1.2 Other than HIT expenses	28,990	8,796	12,700	12,034	62,521
2. Small group comprehensive coverage expenses:					
2.1 HIT expenses	199,595	2,178	64,401	2,439	268,613
2.2 Other than HIT expenses	86,971	26,389	38,099	36,103	187,562
3. Large group comprehensive coverage expenses:					
3.1 HIT expenses	1,363,898	14,881	440,075	16,667	1,835,522
3.2 Other than HI expenses	594,303	180,326	260,341	246,702	1,281,672
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1+2.1+3.1)	1,630,025	17,785	525,944	19,919	2,193,673
4.2 Subtotal other than HIT expenses (Lines 1.2+2.2+3.2)	710,265	215,511	311,140	294,839	1,531,754
4.3 Total (Lines 4.1+4.2)	2,340,290	233,296	837,083	314,758	3,725,427

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION Florida

NAIC Group Code 0119 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 95270

		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)	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309	XXX	4,850,988,309
	1.2 Federal high risk pools							0	XXX	
	1.3 State high risk pools	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)	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309	XXX	4,850,988,309
	1.5 Federal taxes and federal assessments	(521,681)	1,839,028	(4,212,284)	144,264,206			141,369,289		141,369,289
	1.6 State insurance, premium and other taxes (Similar local taxes of $)	(45,754)	161,307	(369,412)	12,653,343			12,399,484		12,399,484
	1.7 Regulatory authority licenses and fees	99	6,370	24,621	164,124			195,184		195,184
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	2,285,385	156,318,685	616,481,941	3,921,938,341	0	0	4,697,024,352	XXX	4,697,024,352
	1.9 Net Assumed less Ceded reinsurance premiums earned	(157)	(30,631,580)	(139,765,644)				(170,397,381)	XXX	(170,397,381)
	1.10 Other Adjustments due to MLR calculations – Premiums				(16,631,587)			(16,631,587)	XXX	(16,631,587)
	1.11 Risk Revenue							0	XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,285,228	125,687,105	476,716,297	3,905,306,754	0	0	4,509,995,384	XXX	4,509,995,384
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs	1,986,239	96,548,123	442,287,594	2,944,075,630			3,484,897,586	XXX	3,484,897,586
	2.2 Prescription drugs	694,206	23,709,047	94,084,003	384,858,476	0	0	503,345,732	XXX	503,345,732
	2.3 Pharmaceutical rebates	35,216	2,226,579	8,682,067	42,285,919			53,229,781	XXX	53,229,781
	2.4 State stop loss, market stabilization and claim/census based assessments	117	10,753	41,560				52,430	XXX	52,430
3.	Incurred medical incentive pools and bonuses				(1,045,253)			(1,045,253)	XXX	(1,045,253)
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)		4,908	10,453	22,740			38,101		38,101
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	2,645,113	118,019,839	527,647,967	3,285,602,935	0	0	3,933,915,854	XXX	3,933,915,854
	5.1 Net Assumed less Ceded reinsurance claims incurred		(23,538,998)	(120,323,690)				(143,862,688)	XXX	(143,862,688)
	5.2 Other Adjustments due to MLR calculations – Claims	790,000		2,300,000	(16,631,587)			(13,541,587)	XXX	(13,541,587)
	5.3 Rebates Paid							0	XXX	
	5.4 Estimated rebates unpaid prior year							0	XXX	
	5.5 Estimated rebates unpaid current year							0	XXX	
	5.6 Fee for service and co-pay revenue							0	XXX	
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	3,435,113	94,480,841	409,624,277	3,268,971,348	0	0	3,776,511,579	XXX	3,776,511,579
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology		1,213,916	4,093,573	57,531,453			62,838,942		62,838,942
	6.2 Type B Health Information Technology expenses related to health improvement		371,817	1,301,401	24,088,368			25,761,586		25,761,586
	6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	1,585,733	5,394,974	81,619,821	0	0	88,600,528	0	88,600,528
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18	1.157	0.765	0.865	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	8,726	1,891,677	7,309,029	32,092,591			41,302,023		41,302,023
	8.2 All other claims adjustment expenses	10,371	1,191,516	4,424,261	7,547,642			13,173,790		13,173,790
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	19,097	3,083,193	11,733,290	39,640,233	0	0	54,475,813	0	54,475,813
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.008	0.020	0.019	0.010	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
	10.1 Direct sales salaries and benefits	133	1,786,236	2,831,072	24,220,998			28,838,438		28,838,438
	10.2 Agents and brokers fees and commissions	28,962	1,622,965	3,944,699	18,803,207			24,399,433		24,399,433
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)							0		
	10.4 Other general and administrative expenses	381,194	19,577,361	49,107,031	223,352,457			292,418,043	0	292,418,043
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	410,289	22,986,161	55,882,802	266,376,662	0	0	345,655,914	0	345,655,914
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	(1,579,271)	3,551,177	(5,919,040)	248,698,690	0	0	244,751,550	XXX	244,751,550
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	41,501,951	XXX	41,501,951
14.	Federal income taxes (excluding taxes on Line 15 above)	0		0				0		10,251,815
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	286,253,501	XXX	276,001,686
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)	14	3,207	11,365	25,298			39,884		39,884
	OTHER INDICATORS:									
1.	Number of Certificates/Policies	141	25,746	78,041	315,187			419,115		419,115
2.	Number of Covered Lives	168	39,574	138,839	315,187			493,768		493,768
3.	Number of Groups	XXX	3,558	156	40			3,754		3,754
4.	Member Months	2,135	479,256	1,705,862	3,794,648			5,981,901		5,981,901

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION Florida

NAIC Group Code 0119 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 95270

		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	1,718,039	158,325,390	611,924,866	4,079,020,014			4,850,988,309
	1.2 Unearned premium prior year							
	1.3 Unearned premium current year							
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0
	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)	1,718,039	158,325,390	611,924,866	4,079,020,014			4,850,988,309
	1.9 Assumed premiums earned from non-affiliates							
	1.10 Net Assumed less Ceded premiums earned from affiliates		(30,596,055)	(139,641,712)				(170,237,768)
	1.11 Ceded premiums earned to non-affiliates	157	35,524	123,932				159,614
	1.12 Net Other Adjustments due to MLR calculation – Premiums				16,631,587			16,631,587
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	1,717,882	127,693,811	472,159,222	4,062,388,427	0	0	4,663,959,340
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year	2,611,282	120,813,709	524,940,636	3,104,572,713			3,752,938,340
	2.2 Direct claim liability current year	228,765	9,717,773	46,072,459	905,782,070			961,801,067
	2.3 Direct claim liability prior year	193,200	12,353,489	42,430,141	725,019,846			779,996,676
	2.4 Direct claim reserves current year		135,200	33,800	17,716,160			17,885,160
	2.5 Direct claim reserves prior year		202,258	169,242	19,000,661			19,372,161
	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)	0	0	0	(1,045,253)	0	0	(1,045,253)
	2.8a Paid medical incentive pools and bonuses current year				(2,063,415)			(2,063,415)
	2.8b Accrued medical incentive pools and bonuses current year				1,028,724			1,028,724
	2.8c Accrued medical incentive pools and bonuses prior year				10,562			10,562
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b)	1,734	91,096	799,545	(2,597,752)	0	0	(1,705,377)
	2.9a Healthcare receivables current year	7,656	560,770	2,197,051	6,185,668			8,951,145
	2.9b Healthcare receivables prior year	5,922	469,674	1,397,506	8,783,420			10,656,522
	2.10 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9)	2,645,113	118,019,839	527,647,967	3,285,602,935	0	0	3,933,915,854
	2.11 Assumed Incurred Claims from non-affiliates							
	2.12 Net Assumed less Ceded Incurred Claims from affiliates		(23,538,998)	(120,323,690)				(143,862,688)
	2.13 Ceded Incurred Claims to non-affiliates							
	2.14 Other Adjustments due to MLR calculation – Claims	(790,000)		(2,300,000)	16,631,587			13,541,587
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	3,435,113	94,480,841	409,624,277	3,268,971,348	0	0	3,776,511,579
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)		4,908	10,453	22,740			38,101

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION Florida

NAIC Group Code 0110 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 95270

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 $ 43,051 for affiliated services)						0	4,662	5,541	102,253	112,456
1.2 Outsourced Services						0	1,636	1,944	130,173	133,753
1.3 EDP Equipment and Software (incl $ 936 for affiliated services)						0	297	353	1,794	2,444
1.4 Other Equipment (excl. EDP) (incl $ 471 for affiliated services)						0			1,231	1,231
1.5 Accreditation and Certification (incl $ 44 for affiliated services)		XXX	XXX	XXX	XXX	0	12	14	88	114
1.6 Other Expenses (incl $ 68,173 for affiliated services)						0	2,119	2,518	173,442	178,079
1.7 Subtotal before Reimbursements and Taxes (1.1 to 1.6)	0	0	0	0	0	0	8,726	10,370	408,981	428,077
1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,136
1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	8,726	10,370	408,981	443,213
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $ 3,148,270 for affiliated services)	373,417	69,834	63,342	141,978	198,654	847,225	1,010,685	636,603	5,729,283	8,223,796
2.2 Outsourced Services	130,998	24,496	22,221	49,807	69,690	297,214	354,557	223,326	7,293,607	8,168,704
2.3 EDP Equipment and Software (incl $ 99,380 for affiliated services)	23,812	4,453	4,039	9,054	12,668	54,026	64,449	40,595	100,527	259,597
2.4 Other Equipment (excl. EDP) (incl $ 26,398 for affiliated services)						0			68,957	68,957
2.5 Accreditation and Certification (incl $ 3,500 for affiliated services)		XXX	XXX	XXX	XXX	0	2,582	1,632	4,920	9,144
2.6 Other Expenses (incl $ 4,155,174 for affiliated services)	170,689	31,921	28,954	64,898	90,805	387,267	459,394	289,360	9,717,977	10,853,998
2.7 Subtotal before Reimbursements and Taxes (2.1 to 2.6)	698,916	130,706	118,556	265,737	371,817	1,585,732	1,891,677	1,191,516	22,915,271	27,584,196
2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	848,077
2.10 Total (2.7 to 2.9)	698,916	130,706	118,556	265,737	371,817	1,585,732	1,891,677	1,191,516	22,915,271	28,432,273
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0	673,608			673,608
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $ 8,851,144 for affiliated services)	1,248,232	256,043	220,899	461,939	695,312	2,882,425	3,905,068	2,363,794	13,969,354	23,120,641
3.2 Outsourced Services	437,891	89,822	77,493	162,052	243,922	1,011,180	1,369,931	829,239	17,783,547	20,993,897
3.3 EDP Equipment and Software (incl $ 317,254 for affiliated services)	79,597	16,327	14,086	29,457	44,339	183,806	249,019	150,735	245,108	828,668
3.4 Other Equipment (excl. EDP) (incl $ 64,365 for affiliated services)						0			168,134	168,134
3.5 Accreditation and Certification (incl $ 10,746 for affiliated services)		XXX	XXX	XXX	XXX	0	10,013	6,061	11,995	28,069
3.6 Other Expenses (incl $ 10,666,147 for affiliated services)	570,568	117,038	100,973	211,153	317,828	1,317,560	1,774,998	1,074,432	23,694,737	27,861,727
3.7 Subtotal before Reimbursements and Taxes (3.1 to 3.6)	2,336,288	479,230	413,451	864,601	1,301,401	5,394,971	7,309,029	4,424,261	55,872,875	73,001,136
3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,908,534
3.10 Total (3.7 to 3.9)	2,336,288	479,230	413,451	864,601	1,301,401	5,394,971	7,309,029	4,424,261	55,872,875	74,909,670
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0	2,356,939			2,356,939

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					0
1.2 Other than HIT expenses					0
2. Small Group Comprehensive Coverage Expenses:					
2.1 HIT expenses	156,457	88,105	65,826	61,430	371,818
2.2 Other than HIT expenses	698,916	130,707	118,556	265,737	1,213,916
3. Large Group Comprehensive Coverage Expenses:					
3.1 HIT Expenses	572,832	298,589	232,031	197,949	1,301,401
3.2 Other than HIT expenses	2,336,289	479,230	413,453	864,602	4,093,574
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	729,289	386,694	297,857	259,379	1,673,219
4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	3,035,205	609,937	532,009	1,130,339	5,307,490
4.3 Total (Lines 4.1 + 4.2)	3,764,494	996,631	829,866	1,389,718	6,980,709

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION

NAIC Group Code 0119 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 95270

		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)	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309	XXX	4,850,988,309
	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)	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309	XXX	4,850,988,309
	1.5 Federal taxes and federal assessments	(521,661)	1,839,028	(4,212,284)	144,264,206	0	0	141,369,289	0	141,369,289
	1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	(45,754)	161,307	(369,412)	12,653,343	0	0	12,399,484	0	12,399,484
	1.7 Regulatory authority licenses and fees	69	6,370	24,621	164,124	0	0	195,184	0	195,184
	1.8 Adjusted Premiums Earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	2,285,385	156,318,685	616,481,941	3,921,938,341	0	0	4,697,024,352	XXX	4,697,024,352
	1.9 Net Assumed less Ceded reinsurance premiums earned	(157)	(30,631,580)	(139,765,644)	0	0	0	(170,397,381)	XXX	(170,397,381)
	1.10 Other Adjustments due to MLR calculations – Premiums	0	0	0	(16,631,587)	0	0	(16,631,587)	XXX	(16,631,587)
	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)	2,285,228	125,687,105	476,716,297	3,905,306,754	0	0	4,509,995,384	XXX	4,509,995,384
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs	1,986,239	96,548,123	442,287,594	2,944,075,630	0	0	3,484,897,586	XXX	3,484,897,586
	2.2 Prescription drugs	694,206	23,709,047	94,084,003	384,858,476	0	0	503,345,732	XXX	503,345,732
	2.3 Pharmaceutical rebates	35,216	2,226,579	8,682,067	42,285,919	0	0	53,229,781	XXX	53,229,781
	2.4 State stop loss, market stabilization and claim/census based assessments	117	10,753	41,560	0	0	0	52,430	XXX	52,430
3.	Incurred medical incentive pools and bonuses	0	0	0	(1,045,253)	0	0	(1,045,253)	XXX	(1,045,253)
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,908	10,453	22,740	0	0	38,101	0	38,101
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	2,645,113	118,019,839	527,647,967	3,285,602,935	0	0	3,933,915,854	XXX	3,933,915,854
	5.1 Net Assumed less Ceded reinsurance claims incurred	0	(23,538,998)	(120,323,690)	0	0	0	(143,862,688)	XXX	(143,862,688)
	5.2 Other Adjustments due to MLR calculations – Claims	790,000	0	2,300,000	(16,631,587)	0	0	(13,541,587)	XXX	(13,541,587)
	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)	3,435,113	94,480,841	409,624,277	3,268,971,348	0	0	3,776,511,579	XXX	3,776,511,579
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology	0	1,213,916	4,093,573	57,531,453	0	0	62,838,942	0	62,838,942
	6.2 Type B Health Information Technology expenses related to health improvement	0	371,817	1,301,401	24,088,368	0	0	25,761,586	0	25,761,586
	6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	1,585,733	5,394,974	81,619,821	0	0	88,600,528	0	88,600,528
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 18	1.157	0.765	0.865	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	8,726	1,891,677	7,309,029	32,092,591	0	0	41,302,023	0	41,302,023
	8.2 All other claims adjustment expenses	10,371	1,191,516	4,424,261	7,547,642	0	0	13,173,790	0	13,173,790
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	19,097	3,083,193	11,733,290	39,640,233	0	0	54,475,813	0	54,475,813
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.008	0.020	0.019	0.010	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
	10.1 Direct sales salaries and benefits	133	1,786,235	2,831,072	24,220,998	0	0	28,838,438	0	28,838,438
	10.2 Agents and brokers fees and commissions	28,962	1,622,565	3,944,699	18,803,207	0	0	24,399,433	0	24,399,433
	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	381,194	19,577,361	49,107,031	223,352,457	0	0	292,418,043	0	292,418,043
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	410,289	22,986,161	55,882,802	266,376,662	0	0	345,655,914	0	345,655,914
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	(1,579,271)	3,551,177	(5,919,046)	248,698,690	0	0	244,751,550	XXX	244,751,550
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	41,501,951	XXX	41,501,951
14.	Federal income taxes (excluding taxes on Line 15 above)	0	0	0	0	0	0	0	0	10,251,815
15.	Net gain or (loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	286,253,501	XXX	276,001,686
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)	14	3,207	11,365	25,298	0	0	39,884	0	39,884
	OTHER INDICATORS:									
1.	Number of Certificates/Policies	141	25,746	78,041	315,187	0	0	419,115	0	419,115
2.	Number of Covered Lives	168	39,574	138,836	315,187	0	0	493,768	0	493,768
3.	Number of Groups	XXX	3,558	156	40	0	0	3,754	0	3,754
4.	Member Months	2,135	479,256	1,705,862	3,794,648	0	0	5,981,901	0	5,981,901

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION

NAIC Group Code 0119 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 95270

		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	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309
	1.2 Unearned premium prior year	0	0	0	0	0	0	0
	1.3 Unearned premium current year	0	0	0	0	0	0	0
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0
	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)	1,718,039	158,325,390	611,924,866	4,079,020,014	0	0	4,850,988,309
	1.9 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0
	1.10 Net Assumed less Ceded premiums earned from affiliates	0	(30,596,055)	(139,641,712)	0	0	0	(170,237,768)
	1.11 Ceded premiums earned to non-affiliates	157	35,524	123,932	0	0	0	159,614
	1.12 Net Other Adjustments due to MLR calculation – Premiums	0	0	0	16,631,587	0	0	16,631,587
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	1,717,882	127,693,811	472,159,222	4,062,388,427	0	0	4,663,959,340
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year	2,611,282	120,813,709	524,940,636	3,104,572,713	0	0	3,752,938,340
	2.2 Direct claim liability current year	228,765	9,717,773	46,072,459	905,782,070	0	0	961,801,067
	2.3 Direct claim liability prior year	193,200	12,353,489	42,430,141	725,019,846	0	0	779,996,676
	2.4 Direct claim reserves current year	0	135,200	33,800	17,716,160	0	0	17,885,160
	2.5 Direct claim reserves prior year	0	202,258	169,242	19,000,661	0	0	19,372,161
	2.6 Direct contract reserves current year	0	0	0	0	0	0	0
	2.7 Direct contract reserves prior year	0	0	0	0	0	0	0
	2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c)	0	0	0	(1,045,253)	0	0	(1,045,253)
	2.8a Paid medical incentive pools and bonuses current year	0	0	0	(2,063,415)	0	0	(2,063,415)
	2.8b Accrued medical incentive pools and bonuses current year	0	0	0	1,028,724	0	0	1,028,724
	2.8c Accrued medical incentive pools and bonuses prior year	0	0	0	10,562	0	0	10,562
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b)	1,734	91,096	799,545	(2,597,752)	0	0	(1,705,377)
	2.9a Healthcare receivables current year	7,656	560,770	2,197,051	6,185,668	0	0	8,951,145
	2.9b Healthcare receivables prior year	5,922	469,674	1,397,506	8,783,420	0	0	10,656,522
	2.10 Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9)	2,645,113	118,019,839	527,647,967	3,285,602,935	0	0	3,933,915,854
	2.11 Assumed Incurred Claims from non-affiliates	0	0	0	0	0	0	0
	2.12 Net Assumed less Ceded Incurred Claims from affiliates	0	(23,538,998)	(120,323,690)	0	0	0	(143,862,688)
	2.13 Ceded Incurred Claims to non-affiliates	0	0	0	0	0	0	0
	2.14 Other Adjustments due to MLR calculation – Claims	(790,000)	0	(2,300,000)	16,631,587	0	0	13,541,587
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	3,435,113	94,480,841	409,624,277	3,268,971,348	0	0	3,776,511,579
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (Informational only)	0	4,908	10,453	22,740	0	0	38,101

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SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Medical Plan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Humana Medical Plan, Inc. 2. LOCATION

NAIC Group Code 0119 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 95270

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 $ 43,051 for affiliated services)	0	0	0	0	0	0	4,662	5,541	102,253	112,456
1.2 Outsourced Services	0	0	0	0	0	0	1,636	1,944	130,173	133,753
1.3 EDP Equipment and Software (incl $ for affiliated services)	0	0	0	0	0	0	297	353	1,794	2,444
1.4 Other Equipment (excl. EDP) (incl $ 471 for affiliated services)	0	0	0	0	0	0	0	0	1,231	1,231
1.5 Accreditation and Certification (incl $ 64 for affiliated services)	0	XXX	XXX	XXX	XXX	0	12	14	88	114
1.6 Other Expenses (incl $ 68,173 for affiliated services)	0	0	0	0	0	0	2,119	2,518	173,442	178,079
1.7 Subtotal before Reimbursements and Taxes (1.1 to 1.6)	0	0	0	0	0	0	8,726	10,370	408,981	428,077
1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,136
1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	8,726	10,370	408,981	443,213
1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $ 3,148,270 for affiliated services)	373,417	69,834	63,342	141,978	198,654	847,225	1,010,685	636,603	5,729,283	8,223,796
2.2 Outsourced Services	130,998	24,496	22,221	49,807	69,690	297,214	354,557	223,326	7,293,607	8,168,704
2.3 EDP Equipment and Software (incl $ 99,380 for affiliated services)	23,812	4,453	4,039	9,054	12,668	54,026	64,449	40,595	100,527	259,597
2.4 Other Equipment (excl. EDP) (incl $ 26,398 for affiliated services)	0	0	0	0	0	0	0	0	68,957	68,957
2.5 Accreditation and Certification (incl $ 3,500 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2,592	1,632	4,920	9,144
2.6 Other Expenses (incl $ 4,155,174 for affiliated services)	170,689	31,921	28,954	64,898	90,805	387,267	459,394	289,360	9,717,977	10,853,998
2.7 Subtotal before Reimbursements and Taxes (2.1 to 2.6)	698,916	130,706	118,556	265,737	371,817	1,585,732	1,891,677	1,191,516	22,915,271	27,584,196
2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	848,077
2.10 Total (2.7 to 2.9)	698,916	130,706	118,556	265,737	371,817	1,585,732	1,891,677	1,191,516	22,915,271	28,432,273
2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	673,608	0	0	673,608
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $ 8,851,144 for affiliated services)	1,248,232	256,043	220,899	461,939	695,312	2,882,425	3,905,068	2,363,794	13,969,354	23,120,641
3.2 Outsourced Services	437,891	89,822	77,493	162,052	243,922	1,011,180	1,369,931	829,239	17,783,547	20,993,897
3.3 EDP Equipment and Software (incl $ 317,234 for affiliated services)	79,597	16,327	14,086	29,457	44,339	183,806	249,019	150,735	245,108	828,668
3.4 Other Equipment (excl. EDP) (incl $ 64,366 for affiliated services)	0	0	0	0	0	0	0	0	168,134	168,134
3.5 Accreditation and Certification (incl $ 10,746 for affiliated services)	0	XXX	XXX	XXX	XXX	0	10,013	6,061	11,995	28,069
3.6 Other Expenses (incl $ 10,666,147 for affiliated services)	570,568	117,038	100,973	211,153	317,828	1,317,560	1,774,996	1,074,432	23,694,737	27,861,727
3.7 Subtotal before Reimbursements and Taxes (3.1 to 3.6)	2,336,288	479,230	413,451	864,601	1,301,401	5,394,971	7,309,029	4,424,261	55,872,875	73,001,136
3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,908,534
3.10 Total (3.7 to 3.9)	2,336,288	479,230	413,451	864,601	1,301,401	5,394,971	7,309,029	4,424,261	55,872,875	74,909,670
3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,356,939	0	0	2,356,939

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	0	0	0	0	0
1.2 Other than HIT expenses	0	0	0	0	0
2. Small Group Comprehensive Coverage Expenses:					
2.1 HIT expenses	156,457	88,105	65,826	61,430	371,818
2.2 Other than HIT expenses	698,916	130,707	118,556	265,737	1,213,916
3. Large Group Comprehensive Coverage Expenses:					
3.1 HIT Expenses	572,832	298,589	232,031	197,949	1,301,401
3.2 Other than HIT expenses	2,336,289	479,230	413,453	864,602	4,093,574
4. Subtotals/Totals:					
4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	729,289	386,694	297,857	259,379	1,673,219
4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	3,035,205	609,937	532,009	1,130,339	5,307,490
4.3 Total (Lines 4.1 + 4.2)	3,764,494	996,631	829,866	1,389,718	6,980,709

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146-

NAIC Group Code 4173 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 12756

		Comprehensive Health Coverage								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statue)	5 Other Business (excluded by statue)	6 Other Health	7 Subtotal (Cols 1 thru 6)	8 Uninsured Plans	9 Total (7 + 8)
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	1.2 Federal high risk pools							0	XXX	
	1.3 State high risk pools							0	XXX	
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	1.5 Federal taxes and federal assessments							0		
	1.6 State insurance, premium and other taxes (Similar local taxes of $)							0		
	1.7 Regulatory authority licenses and fees							0		
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	1.9 Net assumed less ceded reinsurance premiums earned							0	XXX	
	1.10 Other adjustments due to MLR calculations - Premiums							0	XXX	
	1.11 Risk revenue							0	XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs	2,255,433	3,548,677	575,511	7,008,597		2,180,020	15,568,238	XXX	15,568,238
	2.2 Prescription drugs	54,166	318,568	44,784	1,035,038		109,126	1,561,682	XXX	1,561,682
	2.3 Pharmaceutical rebates	5,807	9,045		13,019		3,314	31,185	XXX	31,185
	2.4 State stop loss, market stabilization and claim/census based assessments							0	XXX	
3.	Incurred medical incentive pools and bonuses							0	XXX	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735	XXX	17,098,735
	5.1 Net assumed less ceded reinsurance claims incurred							0	XXX	
	5.2 Other adjustments due to MLR calculations - Claims							0	XXX	
	5.3 Rebates paid							0	XXX	
	5.4 Estimated rebates unpaid prior year							0	XXX	
	5.5 Estimated rebates unpaid current year							0	XXX	
	5.6 Fee for service and co-pay revenue							0	XXX	
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 -5.4 + 5.5 - 5.6)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735	XXX	17,098,735
6.	Improving Health Care Quality Expenses Incurred:									
	6.1 Type A Expenses for health improvements other than Health Information Technology							0		
	6.2 Type B Health Information Technology expenses related to health improvement							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	0.815	0.972	1.472	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
	8.2 All other claims adjustment expenses	1,301	1,826	194	4,473		619	8,413		8,413
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,301	1,826	194	4,473	0	619	8,413	0	8,413
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	172,541	206,280	18,069	0		61,862	458,752		458,752
	10.2 Agents and brokers fees and commissions	457,592	229,570				2,752	689,914		689,914
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)							0		
	10.4 Other general and administrative expenses	371,350	521,772	55,375	841,559		176,855	1,966,911		1,966,911
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	1,001,483	957,622	73,444	841,559	0	241,469	3,115,577	0	3,115,577
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	(481,160)	(847,754)	(272,611)	847,325	0	(1,182,324)	(1,936,524)	XXX	(1,936,524)
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	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)							0		
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	(1,936,524)	XXX	(1,936,524)
16.	ICD-10 Implementation Expenses (Informational only; already included in general expenses)							0		
	OTHER INDICATORS:									
1.	Number of Certificates / Policies	989	682	151	4,943		408	7,173		
2.	Number of Covered Lives	989	920	316	4,943		408	7,576		
3.	Number of Groups	XXX	124	1				125		
4.	Member Months	10,733	12,776	1,217	37,376		8,125	70,227		

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146-

NAIC Group Code 4173 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 12756

		Comprehensive Health Coverage						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statue)	5 Other Business (excluded by statue)	6 Other Health	7 Total
1.	Health Premiums Earned:							
	1.1 Direct premiums written	2,825,416	3,969,894	421,322	9,723,973		1,345,596	18,286,201
	1.2 Unearned premium prior year							
	1.3 Unearned premium current year							
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0
	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)	2,825,416	3,969,894	421,322	9,723,973		1,345,596	18,286,201
	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)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year	1,945,401	4,141,807	511,561	6,370,799		2,347,510	15,317,078
	2.2 Direct claim liability current year	553,031	206,349	108,734	1,740,400		147,960	2,756,474
	2.3 Direct claim liability prior year	194,640	489,956		80,583		209,638	974,817
	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)	0	0	0	0	0	0	0
	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)	0	0	0	0	0	0	0
	2.9a Healthcare receivables current year							
	2.9b 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)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735
	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)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146-

NAIC Group Code 4173 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2010 NAIC Company Code 12756

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 $ for affiliated services)						0		0	264,286	264,286
	1.2 Outsourced services						0				0
	1.3 EDP equipment and software (incl $ for affiliated services						0			250	250
	1.4 Other equipment (excl. EDP) (incl $ for affiliated services						0			3,532	3,532
	1.5 Accreditation and certification (incl $ for affiliated services		XXX	XXX	XXX	XXX	0				0
	1.6 Other expenses (incl $ for affiliated services						0		1,301	727,009	728,310
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	1,301	995,077	996,378
	1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,105
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	1,301	995,077	1,001,483
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ for affiliated services)					0	0			371,339	371,339
	2.2 Outsourced Services						0				0
	2.3 EDP equipment and software (incl $ for affiliated services						0			352	352
	2.4 Other equipment (excl. EDP) (incl $ for affiliated services						0			4,963	4,963
	2.5 Accreditation and certification (incl $ for affiliated services		XXX	XXX	XXX	XXX	0				0
	2.6 Other expenses (incl $ for affiliated services						0		1,826	571,969	573,795
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	1,826	948,623	950,449
	2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,173
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	1,826	948,623	957,622
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ for affiliated services)						0			39,410	39,410
	3.2 Outsourced services						0				0
	3.3 EDP equipment and software (incl $ for affiliated services						0			37	37
	3.4 Other equipment (excl. EDP) (incl $ for affiliated services						0			527	527
	3.5 Accreditation and certification (incl $ for affiliated services		XXX	XXX	XXX	XXX	0				0
	3.6 Other expenses (incl $ for affiliated services						0		194	32,515	32,709
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	194	72,489	72,683
	3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	761
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	194	72,489	73,444
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

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					0
	1.2 Other than HIT expenses					0
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT expenses					0
	2.2 Other than HIT expenses					0
3.	Large Group Comprehensive Coverage Expenses:					
	3.1 HIT Expenses					0
	3.2 Other than HIT expenses					0
4.	Subtotals/Totals:					
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	0	0	0	0	0
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	0	0	0	0	0
	4.3 Total (Lines 4.1 + 4.2)	0	0	0	0	0

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146-

NAIC Group Code 4173 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 12756

		Comprehensive Health Coverage								
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statue)	5 Other Business (excluded by statue)	6 Other Health	7 Subtotal (Cols 1 thru 6)	8 Uninsured Plans	9 Total (7 + 8)
1.	Premium:									
	1.1 Health premiums earned (From Part 2, Line 1.8)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	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)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	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)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
	1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	XXX	0
	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)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201	XXX	18,286,201
2.	Claims:									
	2.1 Incurred claims excluding prescription drugs	2,255,433	3,548,677	575,511	7,008,597	0	2,180,020	15,568,238	XXX	15,568,238
	2.2 Prescription drugs	54,166	318,568	44,784	1,035,038	0	109,126	1,561,682	XXX	1,561,682
	2.3 Pharmaceutical rebates	5,807	9,045	0	13,019	0	3,314	31,185	XXX	31,185
	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.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735	XXX	17,098,735
	5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	XXX	0
	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)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735	XXX	17,098,735
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	0.815	0.972	1.472	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	1,301	1,826	194	4,473	0	619	8,413	0	8,413
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,301	1,826	194	4,473	0	619	8,413	0	8,413
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	172,541	206,280	18,069	0	0	61,862	458,752	0	458,752
	10.2 Agents and brokers fees and commissions	457,592	229,570	0	0	0	2,752	689,914	0	689,914
	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	371,350	521,772	55,375	841,559	0	176,855	1,966,911	0	1,966,911
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	1,001,483	957,622	73,444	841,559	0	241,469	3,115,577	0	3,115,577
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	(481,160)	(847,754)	(272,611)	847,325	0	(1,182,324)	(1,936,524)	XXX	(1,936,524)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	0	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 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	(1,936,524)	XXX	(1,936,524)
16.	ICD-10 Implementation Expenses (Informational only; already included in general expenses)	0	0	0	0	0	0	0	0	0
	OTHER INDICATORS:									
1.	Number of Certificates / Policies	989	682	151	4,943	0	408	7,173	0	0
2.	Number of Covered Lives	989	920	316	4,943	0	408	7,576	0	0
3.	Number of Groups	XXX	124	1	0	0	0	125	0	0
4.	Member Months	10,733	12,776	1,217	37,376	0	8,125	70,227	0	0

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146-

NAIC Group Code 4173 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 12756

		Comprehensive Health Coverage						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Government Business (excluded by statue)	5 Other Business (excluded by statue)	6 Other Health	7 Total
1.	Health Premiums Earned:							
	1.1 Direct premiums written	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201
	1.2 Unearned premium prior year	0	0	0	0	0	0	0
	1.3 Unearned premium current year	0	0	0	0	0	0	0
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0
	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)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201
	1.9 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0
	1.10 Net assumed less ceded premiums earned from affiliates	0	0	0	0	0	0	0
	1.11 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0
	1.12 Other adjustments due to MLR calculation – Premiums	0	0	0	0	0	0	0
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	2,825,416	3,969,894	421,322	9,723,973	0	1,345,596	18,286,201
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year	1,945,401	4,141,807	511,561	6,370,799	0	2,347,510	15,317,078
	2.2 Direct claim liability current year	553,031	206,349	108,734	1,740,400	0	147,960	2,756,474
	2.3 Direct claim liability prior year	194,640	489,956	0	80,583	0	209,638	974,817
	2.4 Direct claim reserves current year	0	0	0	0	0	0	0
	2.5 Direct claim reserves prior year	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year	0	0	0	0	0	0	0
	2.7 Direct contract reserves prior year	0	0	0	0	0	0	0
	2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c)	0	0	0	0	0	0	0
	2.8a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0
	2.8b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0
	2.8c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b)	0	0	0	0	0	0	0
	2.9a Healthcare receivables current year	0	0	0	0	0	0	0
	2.9b Healthcare receivables prior year	0	0	0	0	0	0	0
	2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735
	2.11 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0
	2.12 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0
	2.13 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0
	2.14 Other adjustments due to MLR calculation – Claims	0	0	0	0	0	0	0
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	2,303,792	3,858,200	620,295	8,030,616	0	2,285,832	17,098,735
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE MEDICA HEALTH PLANS OF FLORIDA, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION MEDICA HEALTH PLANS OF FLORIDA, INC. 2. LOCATION CORAL GABLES, FL 33146

NAIC Group Code 4173 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2010 NAIC Company Code 12756

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)	0	0	0	0	0	0	0	0	264,286	264,286
	1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	250	250
	1.4 Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	3,532	3,532
	1.5 Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	1,301	727,009	728,310
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	1,301	995,077	996,378
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,105
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	1,301	995,077	1,001,483
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	371,339	371,339
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	352	352
	2.4 Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	4,963	4,963
	2.5 Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	1,826	571,969	573,795
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	1,826	948,623	950,449
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,173
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	1,826	948,623	957,622
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	39,410	39,410
	3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP equipment and software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	37	37
	3.4 Other equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	527	527
	3.5 Accreditation and certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	194	32,515	32,709
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	194	72,489	72,683
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	761
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	194	72,489	73,444
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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	0	0	0	0	0
	1.2 Other than HIT expenses	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:					
	2.1 HIT expenses	0	0	0	0	0
	2.2 Other than HIT expenses	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:					
	3.1 HIT Expenses	0	0	0	0	0
	3.2 Other than HIT expenses	0	0	0	0	0
4.	Subtotals/Totals:					
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	0	0	0	0	0
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	0	0	0	0	0
	4.3 Total (Lines 4.1 + 4.2)	0	0	0	0	0