



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2007
OF THE CONDITION AND AFFAIRS OF THE**

Grand Valley Health Plan, Inc.

NAIC Group Code 0000 (Current Period) , 0000 (Prior Period) NAIC Company Code 95453 Employer's ID Number 38-2396958

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
Vision Service Corporation [] Other [] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/03/1981 Commenced Business 02/05/1982

Statutory Home Office 829 Forest Hills Ave SE , Grand Rapids, MI 49546
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 829 Forest Hills Ave
(Street and Number) Grand Rapids, MI 49546 616-949-2410
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 829 Forest Hills Ave SE , Grand Rapids, MI 49546
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 829 Forest Hills Ave
(Street and Number) Grand Rapids, MI 49546 616-949-2410-122
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address gvhp.com

Statutory Statement Contact Pamela Lea Silva 616-949-2410-122
(Name) (Area Code) (Telephone Number) (Extension)
silvap@gvhp.com 616-949-9948
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Roland E Palmer</u>	<u>President</u>	<u>Thomas W Schouten</u>	<u>Treasurer/Secretary</u>
<u>Pamela L Silva</u>	<u>Vice President of Operations</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Roland E Palmer</u>	<u>Thomas W Schouten</u>	<u>Pamela L Silva</u>	<u>Lucille I Grimm</u>
<u>James T Kerby</u>	<u>Herbert A Start</u>	<u>Margaret Sudekum</u>	<u>Robert Schirado</u>
<u>Kenneth Gates #</u>			

State ofMichigan.....

ss

County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer
President

Thomas W Schouten
Treasurer/Secretary

Pamela L Silva
Vice President of Operations

Subscribed and sworn to before me this _____ day of February, 2008

Ruth Ann Klinger

5/08/2008

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number _____
2. Date filed 03/01/2008
3. Number of pages attached _____

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,135,117		1,123,148		11,969	
2. Medical furniture, equipment and fixtures	1,444,158		1,400,557			43,601
3. Pharmaceuticals and surgical supplies	372,210					372,210
4. Durable medical equipment						
5. Other property and equipment	561,629		447,777			113,852
6. Total	3,513,114	0	2,971,482	0	11,969	529,663



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2007

NAIC Company Code 95453

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	11,698	132	9,922				1,644			
2. First Quarter	10,610	111	8,868				1,631			
3. Second Quarter	10,215	106	8,499				1,610			
4. Third Quarter	9,689	100	7,996				1,593			
5. Current Year	9,457	92	7,768				1,597			
6. Current Year Member Months	121,584	1,280	100,945				19,359			
Total Member Ambulatory Encounters for Year:										
7. Physician	37,631	460	30,919				6,252			
8. Non-Physician	14,033	162	11,553				2,318			
9. Total	51,664	622	42,472	0	0	0	8,570	0	0	0
10. Hospital Patient Days Incurred	1,775	3	1,717				55			
11. Number of Inpatient Admissions	513	2	490				21			
12. Health Premiums Written (b).....	33,349,179	419,289	26,538,021				6,391,869			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	33,351,638	416,965	26,542,804				6,391,869			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	31,516,998	331,802	26,166,957				5,018,239			
18. Amount Incurred for Provision of Health Care Services	30,670,550	386,427	24,392,718				5,891,405			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

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ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

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NAIC Company Code

95453

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	11,698	132	9,922	0	0	0	1,644	0	0	0
2. First Quarter	10,610	111	8,868	0	0	0	1,631	0	0	0
3. Second Quarter	10,215	106	8,499	0	0	0	1,610	0	0	0
4. Third Quarter	9,689	100	7,996	0	0	0	1,593	0	0	0
5. Current Year	9,457	92	7,768	0	0	0	1,597	0	0	0
6. Current Year Member Months	121,584	1,280	100,945	0	0	0	19,359	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	37,631	460	30,919	0	0	0	6,252	0	0	0
8. Non-Physician	14,033	162	11,553	0	0	0	2,318	0	0	0
9. Total	51,664	622	42,472	0	0	0	8,570	0	0	0
10. Hospital Patient Days Incurred	1,775	3	1,717	0	0	0	55	0	0	0
11. Number of Inpatient Admissions	513	2	490	0	0	0	21	0	0	0
12. Health Premiums Written (b).....	33,349,179	419,289	26,538,021	0	0	0	6,391,869	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	33,351,638	416,965	26,542,804	0	0	0	6,391,869	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	31,516,998	331,802	26,166,957	0	0	0	5,018,239	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,670,550	386,427	24,392,718	0	0	0	5,891,405	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	1,035,580
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	(28,889)
2.2 Totals, Part 3, Column 8	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	0
4.2 Totals, Part 3, Column 10	0
5. Total profit (loss) on sales, Part 3, Column 15	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 9	0
7. Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	1,006,691
9. Total valuation allowance	0
10. Subtotal (Lines 8 plus 9)	1,006,691
11. Total nonadmitted amounts	0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,006,691

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgage owned, December 31, prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	0
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	0
4. Increase (decrease) by adjustment	0
5. Total profit (loss) on sale	0
6. Amounts paid on account or in full during the year	0
7. Amortization of premium	0
8. Increase (decrease) by foreign exchange adjustment	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	0
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	689,076
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	0
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	0
4. Increase (decrease) by adjustment	40,378
5. Total profit (loss) on sale	0
6. Amounts paid on account or in full during the year	0
7. Amortization of premium	0
8. Increase (decrease) by foreign exchange adjustment	0
9. Book/adjusted carrying value of long-term invested assets at end of current period	729,454
10. Total valuation allowance	0
11. Subtotal (Lines 9 plus 10)	729,454
12. Total nonadmitted amounts	0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	729,454

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Grand Valley Health Plan, Inc.

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	1,004,410	.0	.0	1,004,410	.0
2. Cost of short-term investments acquired0				
3. Increase (decrease) by adjustment	(664)			(664)	
4. Increase (decrease) by foreign exchange adjustment0				
5. Total profit (loss) on disposal of short-term investments0				
6. Consideration received on disposal of short-term investments0				
7. Book/adjusted carrying value, current year	1,003,746	.0	.0	1,003,746	.0
8. Total valuation allowance0				
9. Subtotal (Lines 7 plus 8)	1,003,746	.0	.0	1,003,746	.0
10. Total nonadmitted amounts0				
11. Statement value (Lines 9 minus 10)	1,003,746	.0	.0	1,003,746	.0
12. Income collected during year	50,605			50,605	
13. Income earned during year	50,605			50,605	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

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Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total													

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums.....	428	484	486	685	410
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	585	100	318	563	587
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	7,962,420		7,962,420
2. Accident and health premiums due and unpaid (Line 13).....	325,829		325,829
3. Amounts recoverable from reinsurers (Line 14.1).....	584,766	(584,766)	0
4. Net credit for ceded reinsurance.....	XXX	584,766	584,766
5. All other admitted assets (Balance).....	1,609,529		1,609,529
6. Total assets (Line 26)	10,482,544	0	10,482,544
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,724,870	0	2,724,870
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	380,696		380,696
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	1,730,190		1,730,190
13. Total liabilities (Line 22).....	4,835,756	0	4,835,756
14. Total capital and surplus (Line 31).....	5,646,789	XXX	5,646,789
15. Total liabilities, capital and surplus (Line 32)	10,482,545	0	10,482,545
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	584,766		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	584,766		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance	584,766		

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Grand Valley Health Plan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. U.S. Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Corporation					792,756				792,756	
	38-3247943	Grand Valley Health Management					(8,748)				(8,748)	
	38-3247950	Grand Valley Health Facilities					1,799,676				1,799,676	
95453	38-2396958	Grand Valley Health Plan					(3,911,232)				(3,911,232)	
	38-3668000	Grand Valley Technical Services					1,327,548				1,327,548	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|--------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|---|--------------|
| 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |

EXPLANATION:

- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

BAR CODE:

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(http://www.naic.org/committees_e_app_blanks.htm)

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