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ANNUAL STATEMENT

For the Year Ended December 31, 2009

of the Condition and Affairs of the

Molina Healthcare of Michigan, Inc.

NAIC Group Code.....1531, 1531 (Current Period) (Prior Period) NAIC Company Code..... 52630 Employer's ID Number..... 38-3341599

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile US

Licensed as Business Type.....Health Maintenance Organizations Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 10, 1997 Commenced Business..... January 1, 1998

Statutory Home Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Mail Address	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	100 West Big Beaver, Suite 600….. Troy ..... MI ..... 48084-5209 *(Street and Number) (City or Town, State and Zip Code)*	248-925-1700 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.molinahealthcare.com	
Statutory Statement Contact	Christine Surdock *(Name)*	248-925-1700 *(Area Code) (Telephone Number) (Extension)*
	christine.surdock@molinahealthcare.com *(E-Mail Address)*	248-925-1722 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Jesse L Thomas	President	2. Christine M Surdock	Chief Financial Officer
3. Mark L Andrews	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Jesse L Thomas Anna Marie Lang George Goldstein #

State of.....
County of.....

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.

(Signature)	(Signature)	(Signature)
Jesse L Thomas	Christine M Surdock	Mark L Andrews
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Chief Financial Officer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2010

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
State of Michigan, Department of Community Health	690,093					690,093
Rx America	575,131	549,818			1,124,949	0
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	261,266					261,266
0199999. Total Pharmaceutical Rebate Receivables	1,526,490	549,818	0	0	1,124,949	951,359
Capitation Arrangement Receivables						
State of Michigan, Department of Community Health	1,171,988	2,303,232	2,119,917	2,065,245		7,660,382
Births - Medicaid	3,263,999	768,756	241,007	764,538		5,038,300
0499998. Capitation Arrangement Receivables Not Listed Individually	201,772					201,772
0499999. Total Capital Arrangement Receivables	4,637,759	3,071,988	2,360,924	2,829,783	0	12,900,454
0799999. Total Health Care Receivables	6,164,249	3,621,806	2,360,924	2,829,783	1,124,949	13,851,813

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Rx America	4,656,748					4,656,748
GME/HRA/SNAF amounts due to hospitals	21,666,145					21,666,145
0199999. Individually listed claims unpaid	26,322,893	0	0	0	0	26,322,893
0399999. Aggregate accounts not individually listed - covered	3,308,002					3,308,002
0499999. Subtotals	29,630,895	0	0	0	0	29,630,895
0599999. Unreported claim and other claim reserves						37,334,261
0799999. Total claims unpaid						66,965,156
0899999. Accrued medical incentive pool and bonus amounts						1,518,112

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Molina Healthcare, Inc.	Intercompany Reimbursement for Expenses Paid	134,700	134,700	
0199999. Individually listed payables		134,700	134,700	0
0399999. Total gross payables		134,700	134,700	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	188,996,406	32.0	222,905	100.0		188,996,406
2. Intermediaries	0	0.0				
3. All other providers	20,861,180	3.5				20,861,180
4. Total capitation payments	209,857,586	35.5	222,905	100.0	0	209,857,586
Other Payments:						
5. Fee-for-service	71,820,587	12.2	XXX	XXX		71,820,587
6. Contractual fee payments	309,053,096	52.3	XXX	XXX		309,053,096
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	380,873,683	64.5	XXX	XXX	0	380,873,683
13. Total (Line 4 plus Line 12)	590,731,269	100.0	XXX	XXX	0	590,731,269

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

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	2,406,606		1,615,912	790,694	790,694	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	2,406,606	0	1,615,912	790,694	790,694	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Michigan, Inc. 2.

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	206,339							1,746	204,593	
2. First quarter	206,954							2,003	204,951	
3. Second quarter	206,992	67						2,059	204,866	
4. Third quarter	209,805	173						2,672	206,960	
5. Current year	222,905	249						3,316	219,340	
6. Current year member months	2,522,898	1,192						28,690	2,493,016	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,261,439	326						32,288	1,228,825	
8. Non-physician	202,551	61						13,292	189,198	
9. Totals	1,463,990	387	0	0	0	0	0	45,580	1,418,023	0
10. Hospital patient days incurred	99,695							5,895	93,800	
11. Number of inpatient admissions	22,169							697	21,472	
12. Health premiums written (b)	728,869,546	93,806						35,552,917	693,222,823	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	728,775,740							35,552,917	693,222,823	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	590,731,269	37,731						27,566,437	563,127,101	
18. Amount incurred for provision of health care services	603,939,278	80,366						31,150,205	572,708,707	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....35,552,917

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Molina Healthcare of Michigan, Inc. 2. Troy, MI

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....1531

NAIC Company Code.....52630

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	206,339							1,746	204,593	
2. First quarter	206,954							2,003	204,951	
3. Second quarter	206,992	67						2,059	204,866	
4. Third quarter	209,805	173						2,672	206,960	
5. Current year	222,905	249						3,316	219,340	
6. Current year member months	2,522,898	1,192						28,690	2,493,016	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,261,439	326						32,288	1,228,825	
8. Non-physician	202,551	61						13,292	189,198	
9. Totals	1,463,990	387	0	0	0	0	0	45,580	1,418,023	0
10. Hospital patient days incurred	99,695							5,895	93,800	
11. Number of inpatient admissions	22,169							697	21,472	
12. Health premiums written (b)	728,869,546	93,806						35,552,917	693,222,823	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	728,869,546	93,806						35,552,917	693,222,823	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	590,731,269	37,731						27,566,437	563,127,101	
18. Amount incurred for provision of health care services	603,939,278	80,366						31,150,205	572,708,707	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....35,552,917

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
67105	41-0451140	01/01/2009	Reliastar Life Insurance Company	Minnesota	A/I	627,287						
0299999.	Total - Authorized General Account - Non-Affiliates					627,287	0	0	0	0	0	0
0399999.	Total - Authorized General Account					627,287	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					627,287	0	0	0	0	0	0
1599999.	Totals					627,287	0	0	0	0	0	0

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

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	0			1	
2. Title XVIII - Medicare	105	79	41	4	
3. Title XIX - Medicaid	522	179	204	680	1,351
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses		32			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	123,553,219		123,553,219
2.	Accident and health premiums due and unpaid (Line 13)			0
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	22,070,763		22,070,763
6.	Totals assets (Line 26)	145,623,982	0	145,623,982
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	66,965,155		66,965,155
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,518,112		1,518,112
9.	Premiums received in advance (Line 8)	308,888		308,888
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			0
11.	Reinsurance in unauthorized companies (Line 18)			0
12.	All other liabilities (balance)	7,562,727		7,562,727
13.	Total liabilities (Line 22)	76,354,882	0	76,354,882
14.	Total capital and surplus (Line 31)	69,269,100	XXX	69,269,100
15.	Total liabilities, capital and surplus (Line 32)	145,623,982	0	145,623,982
	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	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
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	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	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	6 Totals
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.	US 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	0

NONE

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	13-4204626	Molina Healthcare, Inc.	73,000,000	(63,795,566)			244,555,115				253,759,549	
00000	33-0342719	Molina Healthcare of California		22,000,000			(24,631,145)				(2,631,145)	
00000	20-2714545	Molina Healthcare of California Partner Plan, Inc.					3,764,000				3,764,000	
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(22,500,000)	1,030,382			(45,582,425)				(67,052,043)	
00000	38-3435959	HCLB, Inc.		(1,030,382)							(1,030,382)	
95502	33-0617992	Molina Healthcare of Utah, Inc.		9,000,000			(12,980,809)				(3,980,809)	
96270	91-1284790	Molina Healthcare of Washington, Inc.	(37,500,000)				(52,286,417)				(89,786,417)	
95379	85-0408506	Molina Healthcare of New Mexico, Inc.	(3,000,000)				(22,077,903)				(25,077,903)	
12249	20-1494455	Molina Healthcare of Indiana, Inc.									0	
10757	20-1494502	Molina Healthcare of Texas, Inc.					(13,497,481)				(13,497,481)	
12334	20-0750134	Molina Healthcare of Ohio, Inc.		5,200,000			(53,951,018)				(48,751,018)	
69647	31-0628424	Molina Healthcare Insurance Company, Inc.					7,000				7,000	
12905	20-3567602	Molina Healthcare of Nevada, Inc.					(831,671)				(831,671)	
13128	26-0155137	Molina Healthcare of Florida, Inc.		24,701,318			(2,998,712)				21,702,606	
95609	43-1743902	Alliance for Community Health, LLC	(10,000,000)	2,894,248			(19,081,259)				(26,187,011)	
00000	26-1769086	Molina Healthcare of Virginia, Inc.					(407,275)				(407,275)	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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 being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
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 the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC 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 being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	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

EXPLANATIONS:	**BAR CODE:**
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11.	* 5 2 6 3 0 2 0 0 9 2 0 5 0 0 0 0 0 *
12.	* 5 2 6 3 0 2 0 0 9 2 0 7 0 0 0 0 0 *
13.	* 5 2 6 3 0 2 0 0 9 4 2 0 0 0 0 0 0 *
14.	* 5 2 6 3 0 2 0 0 9 3 7 1 0 0 0 0 0 *
15.	* 5 2 6 3 0 2 0 0 9 3 7 0 0 0 0 0 0 *
16.	* 5 2 6 3 0 2 0 0 9 3 6 5 0 0 0 0 0 *
17.	* 5 2 6 3 0 2 0 0 9 3 0 6 0 0 0 0 0 *
18.	* 5 2 6 3 0 2 0 0 9 2 1 1 0 0 0 0 0 *
19.	* 5 2 6 3 0 2 0 0 9 2 1 3 0 0 0 0 0 *

Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Continuing Education/Conferences	40,297	11,207	77,666		129,170
2505. Conferences	24,514	1,342	31,076		56,932
2506. Freight	16,703		7,644		24,347
2507. Misc			(146)		(146)
2508. Other Admin			(64,335)		(64,335)
2597. Summary of remaining write-ins for Line 25	81,514	12,549	51,905	0	145,968

Overflow Page for Write-Ins

NONE

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