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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2007

OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a Michigan corporation)

NAIC Group Code ..... **0001** **0001** (Current Period) (Prior Period) NAIC Company Code ..... **95756** Employer's ID Number **23-2861565**

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 [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X]
Other [ ] Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized ..... **September 10, 1996** Commenced Business ..... **April 1, 1998**

Statutory Home Office ..... **26933 Northwestern Highway, Suite 100** .....…….... **Southfield** ..... **MI**..... **48033-4716**
(Street and Number) (City, State and Zip Code)

Main Administrative Office …….. **26933 Northwestern Highway, Suite 100**
(Street and Number)

……..… **Southfield** .. **MI** .. **48033-4716**…….. **248-208-8600**
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address .....……... **26933 Northwestern Highway, Suite 100** .....….... **Southfield** ..... **MI**..... **48033-4716**
(Street and Number or P. O. Box) (City, State and Zip Code)

Primary Location of Books and Records ....…….…….... **980 Jolly Road**
(Street and Number)

…….. **Blue Bell** ..... **PA** .... **19422-1904** ……..... **800-872-3862**
(City, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address …….……..…….. **www.aetna.com**

Statutory Statement Contact ..... **Alicia Helene Bolton** .....……..…..... **215-775-6508**
(Name) (Area Code) (Telephone Number) (Extension)

..... **Aetna.HMOReporting@aetna.com** .....……..... **215-775-6790**
(E-mail Address) (Fax Number)

OFFICERS

Allan Ira Greenberg, President
Edward Chung-I Lee, Vice President and Secretary #
Alicia Helene Bolton, Principal Financial Officer and Controller #

OTHER

Burton Fred Vanderlaan, M.D., Senior Medical Director
Elaine Rose Cofrancesco, Treasurer
Gregory Stephen Martino, Vice President
Kevin James Casey, Senior Investment Officer
David William Braun, Assistant Controller #

DIRECTORS OR TRUSTEES

Allan Ira Greenberg **Gregory Stephen Martino** **Burton Fred Vanderlaan, M.D.**

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 manuals 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)
Allan Ira Greenberg	**Edward Chung-I Lee**	**Alicia Helene Bolton**
President	**Vice President and Secretary@**	**Principal Financial Officer and Controller@@**
State of..... Illinois	State of..... Connecticut	State of..... Pennsylvania
County of..... Cook	County of..... Hartford	County of..... Montgomery
Subscribed and sworn to before me this	@Subscribed and sworn to before me this	@@Subscribed and sworn to before me this
day of _____ 2008	day of _____ 2008	day of February 2008
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

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
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed	(2,533)	808	3,169	6,783	8,227	0
0299999. Total group	(2,533)	808	3,169	6,783	8,227	0
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	(2,533)	808	3,169	6,783	8,227	0

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						
Aetna Health Management, LLC	2,239	0	0	0	0	2,239
0199999. Total Pharmaceutical Rebate Receivables	2,239	0	0	0	0	2,239
0799999. Total Health Care Receivables	2,239	0	0	0	0	2,239

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)						
Aging estimated based on claims in the process of adjudication as of 12/31/07	0	0	0	0	0	0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed - uncovered	572	145	0	0	472	1,189
0399999. Aggregate accounts not individually listed - covered	38,558	0	0	0	6,470	45,028
0499999. Subtotals	39,130	145	0	0	6,942	46,217
0599999. Unreported claim and other claim reserves						268,914
0799999. Total claims unpaid						315,131

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				
Aetna Health Management, LLC	See Notes to Financial Statements	1,072,875	1,072,875	0
0199999. Individually listed payables		1,072,875	1,072,875	0
0399999. Total gross payables		1,072,875	1,072,875	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	7,884	0.2	768	100.0	0	7,884
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	48	0.0	0	0.0	0	48
4. Total capitation payments	7,932	0.2	768	100.0	0	7,932
Other Payments:						
5. Fee-for-service	3,524,223	97.2	XXX	XXX	0	3,524,223
6. Contractual fee payments	93,180	2.6	XXX	XXX	0	93,180
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	3,617,403	99.8	XXX	XXX	0	3,617,403
13. Total (Line 4 plus Line 12)	3,625,335	100.0	XXX	XXX	0	3,625,335

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	0	0	0	0	0	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	0	0	0	0	0	0
6. Total	0	0	0	0	0	0

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. MICHIGAN

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

NAIC Group Code.....0001

NAIC Company Code.....95756

	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	1,710	5	1,705	0	0	0	0	0	0	0
2. First quarter	1,181	5	1,176	0	0	0	0	0	0	0
3. Second quarter	1,063	5	1,058	0	0	0	0	0	0	0
4. Third quarter	939	6	933	0	0	0	0	0	0	0
5. Current year	768	6	762	0	0	0	0	0	0	0
6. Current year member months	12,694	64	12,630	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,069	60	12,009	0	0	0	0	0	0	0
8. Non-physician	2,301	12	2,289	0	0	0	0	0	0	0
9. Totals	14,370	72	14,298	0	0	0	0	0	0	0
10. Hospital patient days incurred	368	0	368	0	0	0	0	0	0	0
11. Number of inpatient admissions	87	0	87	0	0	0	0	0	0	0
12. Health premiums written (b)	3,529,411	0	3,529,411	0	0	0	0	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	3,530,246	0	3,530,246	0	0	0	0	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	3,625,335	0	3,625,335	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	3,414,970	0	3,414,970	0	0	0	0	0	0	0

(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 heatlh premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. MICHIGAN

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

NAIC Group Code.....0001

NAIC Company Code.....95756

	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	1,710	5	1,705	0	0	0	0	0	0	0
2. First quarter	1,181	5	1,176	0	0	0	0	0	0	0
3. Second quarter	1,063	5	1,058	0	0	0	0	0	0	0
4. Third quarter	939	6	933	0	0	0	0	0	0	0
5. Current year	768	6	762	0	0	0	0	0	0	0
6. Current year member months	12,694	64	12,630	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,069	60	12,009	0	0	0	0	0	0	0
8. Non-physician	2,301	12	2,289	0	0	0	0	0	0	0
9. Totals	14,370	72	14,298	0	0	0	0	0	0	0
10. Hospital patient days incurred	368	0	368	0	0	0	0	0	0	0
11. Number of inpatient admissions	87	0	87	0	0	0	0	0	0	0
12. Health premiums written (b)	3,529,411	0	3,529,411	0	0	0	0	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	3,530,246	0	3,530,246	0	0	0	0	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	3,625,335	0	3,625,335	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	3,414,970	0	3,414,970	0	0	0	0	0	0	0

(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 heatlh premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year	0
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	0
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	0
9.	Total valuation allowance	0
10.	Subtotal (Lines 8 plus 9)	0
11.	Total nonadmitted amounts	0
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of 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	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

NONE

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		0
2.	Cost of acquisitions during year:		
2.1	Actual cost at time of acquisitions	0	
2.2	Additional investment made after acquisitions	0	0
3.	Accrual of discount		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/adjusted carrying value of long-term invested assets 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 long-term invested assets at end of current period (Page 2, Line 7, Column 3)		0

NONE

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Class 1	2,115	0	1,095,774	0	0	1,097,889	18.5	1,153,920	16.6	1,097,889	0
1.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
1.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
1.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
1.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	2,115	0	1,095,774	0	0	1,097,889	18.5	1,153,920	16.6	1,097,889	0
2. **All Other Governments, Schedules D & DA (Group 2)**											
2.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
2.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
2.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. **States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)**											
3.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
3.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
3.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
3.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
4.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
4.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
5.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
5.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
5.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Class 1	796,455	0	0	0	0	796,455	13.4	929,302	13.4	456,563	339,892
6.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
6.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
6.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	796,455	0	0	0	0	796,455	13.4	929,302	13.4	456,563	339,892
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Class 1	4,055,213	0	0	0	0	4,055,213	68.2	4,876,818	70.1	1,615,129	2,440,084
7.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
7.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
7.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	4,055,213	0	0	0	0	4,055,213	68.2	4,876,818	70.1	1,615,129	2,440,084
8. **Credit Tenant Loans, Schedules D & DA (Group 8)**											
8.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
8.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
8.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
8.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
8.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)**											
9.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
9.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
9.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. **Total Bonds Current Year**											
10.1 Class 1	4,853,783	0	1,095,774	0	0	5,949,557	100.0	XXX	XXX	3,169,581	2,779,976
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	4,853,783	0	1,095,774	0	0	(b) 5,949,557	100.0	XXX	XXX	3,169,581	2,779,976
10.8 Line 10.7 as a % of Col. 6	81.6	0.0	18.4	0.0	0.0	100.0	XXX	XXX	XXX	53.3	46.7
11. **Total Bonds Prior Year**											
11.1 Class 1	5,864,910	0	1,095,130	0	0	XXX	XXX	6,960,040	100.0	4,474,080	2,485,960
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	5,864,910	0	1,095,130	0	0	XXX	XXX	(b) 6,960,040	100.0	4,474,080	2,485,960
11.8 Line 11.7 as a % of Col. 8	84.3	0.0	15.7	0.0	0.0	XXX	XXX	100.0	XXX	64.3	35.7
12. **Total Publicly Traded Bonds**											
12.1 Class 1	2,073,807	0	1,095,774	0	0	3,169,581	53.3	4,474,080	64.3	3,169,581	XXX
12.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	2,073,807	0	1,095,774	0	0	3,169,581	53.3	4,474,080	64.3	3,169,581	XXX
12.8 Line 12.7 as a % of Col. 6	65.4	0.0	34.6	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	34.9	0.0	18.4	0.0	0.0	53.3	XXX	XXX	XXX	53.3	XXX
13. **Total Privately Placed Bonds**											
13.1 Class 1	2,779,976	0	0	0	0	2,779,976	46.7	2,485,960	35.7	XXX	2,779,976
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	2,779,976	0	0	0	0	2,779,976	46.7	2,485,960	35.7	XXX	2,779,976
13.8 Line 13.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	46.7	0.0	0.0	0.0	0.0	46.7	XXX	XXX	XXX	XXX	46.7

(a) Includes $.....2,779,976 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Issuer Obligations	2,115	0	1,095,774	0	0	1,097,889	18.5	1,153,920	16.6	1,097,889	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	2,115	0	1,095,774	0	0	1,097,889	18.5	1,153,920	16.6	1,097,889	0
2. **All Other Governments, Schedules D & DA (Group 2)**											
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. **States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)**											
3.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
5.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Issuer Obligations	796,455	0	0	0	0	796,455	13.4	929,302	13.4	456,563	339,892
6.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	796,455	0	0	0	0	796,455	13.4	929,302	13.4	456,563	339,892
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Issuer Obligations	4,055,213	0	0	0	0	4,055,213	68.2	4,876,818	70.1	1,615,129	2,440,084
7.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	4,055,213	0	0	0	0	4,055,213	68.2	4,876,818	70.1	1,615,129	2,440,084
8. **Credit Tenant Loans, Schedules D & DA (Group 8)**											
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)**											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. **Total Bonds Current Year**											
10.1 Issuer Obligations	4,853,783	0	1,095,774	0	0	5,949,557	100.0	XXX	XXX	3,169,581	2,779,976
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	4,853,783	0	1,095,774	0	0	5,949,557	100.0	XXX	XXX	3,169,581	2,779,976
10.8 Line 10.7 as a % of Col. 6	81.6	0.0	18.4	0.0	0.0	100.0	XXX	XXX	XXX	53.3	46.7
11. **Total Bonds Prior Year**											
11.1 Issuer Obligations	5,864,910	0	1,095,130	0	0	XXX	XXX	6,960,040	100.0	4,474,080	2,485,960
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	5,864,910	0	1,095,130	0	0	XXX	XXX	6,960,040	100.0	4,474,080	2,485,960
11.8 Line 11.7 as a % of Col. 8	84.3	0.0	15.7	0.0	0.0	XXX	XXX	100.0	XXX	64.3	35.7
12. **Total Publicly Traded Bonds**											
12.1 Issuer Obligations	2,073,807	0	1,095,774	0	0	3,169,581	53.3	4,474,080	64.3	3,169,581	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	2,073,807	0	1,095,774	0	0	3,169,581	53.3	4,474,080	64.3	3,169,581	XXX
12.8 Line 12.7 as a % of Col. 6	65.4	0.0	34.6	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	34.9	0.0	18.4	0.0	0.0	53.3	XXX	XXX	XXX	53.3	XXX
13. **Total Privately Placed Bonds**											
13.1 Issuer Obligations	2,779,976	0	0	0	0	2,779,976	46.7	2,485,960	35.7	XXX	2,779,976
13.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	2,779,976	0	0	0	0	2,779,976	46.7	2,485,960	35.7	XXX	2,779,976
13.8 Line 13.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	46.7	0.0	0.0	0.0	0.0	46.7	XXX	XXX	XXX	XXX	46.7

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value December 31 of prior year	58,790	58,790	0	0	0
2. Cost of short-term investments acquired	1,838,006	1,838,006	0	0	0
3. Increase (decrease) by adjustment	0	0	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments	0	0	0	0	0
6. Consideration received on disposal of short-term investments	1,894,681	1,894,681	0	0	0
7. Book/adjusted carrying value, current year	2,115	2,115	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	2,115	2,115	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	2,115	2,115	0	0	0
12. Income collected during year	1,817	1,817	0	0	0
13. Income earned during year	1,535	1,535	0	0	0

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

Sch. DB-Pt.A-Verification Between Years
NONE

Sch. DB-Pt.B-Verification Between Years
NONE

Sch. DB-Pt.C-Verification Between Years
NONE

Sch. DB-Pt.D-Verification Between Years
NONE

Sch. DB-Pt.E-Verification
NONE

Sch. DB-Pt. F-Sn. 1
NONE

Sch. DB-Pt. F-Sn. 2
NONE

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 - Affiliates												
72052	23-2710210	01/01/1999	Corporate Health Insurance Company	Pennsylvania	SSL/A/G	8,886	0	0	0	0	0	0
0199999.	Total - Authorized General Account - Affiliates					8,886	0	0	0	0	0	0
0399999.	Total - Authorized General Account					8,886	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					8,886	0	0	0	0	0	0
1599999.	Totals					8,886	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 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums	9	15	22	27	41
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	0
5. Total hospital and medical expenses	0	0	38	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	38	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid	0	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 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)	6,357,491	0	6,357,491
2.	Accident and health premiums due and unpaid (Line 13)	0	0	0
3.	Amounts recoverable from reinsurers (Line 14.1)	0	0	0
4.	Net credit for ceded reinsurance	XXX	(538)	(538)
5.	All other admitted assets (balance)	58,623	0	58,623
6.	Totals assets (Line 26)	6,416,114	(538)	6,415,576
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	315,131	0	315,131
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	9,204	0	9,204
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	0	0	0
11.	Reinsurance in unauthorized companies (Line 18)	0	0	0
12.	All other liabilities (balance)	1,117,557	(538)	1,117,019
13.	Total liabilities (Line 22)	1,441,892	(538)	1,441,354
14.	Total capital and surplus (Line 31)	4,974,222	XXX	4,974,222
15.	Total liabilities, capital and surplus (Line 32)	6,416,114	(538)	6,415,576
	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	538		
26.	Total ceded reinsurance payables/offsets	538		
27.	Total net credit for ceded reinsurance	(538)		

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

NONE

SCHEDULE Y (Continued)

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												
0	23-2229683	Aetna Inc.	1,000,700,000	(561,652)	0	0	996,300,866	0		0	1,996,439,214	0
72052	23-2710210	Corporate Health Insurance Company	(6,700,000)	0	0	0	(31,764,457)	(6,206,581)		0	(44,671,038)	(18,765,348)
78700	06-0876836	Aetna Health and Life Insurance Company	6,438,385	0	0	0	4,426,156	(7,054,684)		29,000,000	32,809,857	(1,280,196,694)
84450	57-0805126	Aetna Health Insurance Company of New York	0	0	0	0	(2,029,851)	0		0	(2,029,851)	0
0		Aetna Risk Indemnity Company Limited	0	0	0	0	0	(4,218,931)		0	(4,218,931)	(12,863,801)
0		Aetna Life & Casualty Bermuda Limited	0	0	0	0	(9,686,432)	0		0	(9,686,432)	335,413
0	20-0446713	Aetna Behavioral Health, LLC	0	0	0	0	(6,473,172)	0		0	(6,473,172)	0
0	38-3704481	Aetna Capital Management, LLC	0	0	0	0	2,459,505	0		0	2,459,505	0
60054	06-6033492	Aetna Life Insurance Company	(938,376,641)	12,369,058	0	0	(943,782,251)	7,565,591		0	(1,862,224,243)	1,279,861,281
0	06-1270755	AHP Holdings, Inc.	0	(16,121,000)	0	0	6,094,745	0		0	(10,026,255)	0
36153	06-1286276	Aetna Insurance Company of Connecticut	0	(10,000,000)	0	0	(491,502)	4,218,931		0	(6,272,571)	12,863,801
0	20-3678459	Tanker Six, LLC	(1,765,078)	0	0	0	0	0		0	(1,765,078)	0
0		Canal Place, LLC	(1,100,000)	0	0	0	0	0		0	(1,100,000)	0
0	20-3678339	PE Holdings, LLC	0	1,463,944	0	0	0	0		0	1,463,944	0
0	81-0579372	Aetna Partners Diversified Fund, LLC	(50,398,474)	0	0	0	0	0		(29,000,000)	(79,398,474)	0
0		Aetna Partners Diversified Fund (Cayman), Limited	(8,798,192)	0	0	0	0	0		0	(8,798,192)	0
0	20-3180700	Aetna Ventures, LLC	0	12,849,650	0	0	0	0		0	12,849,650	0
0	30-0123754	Aetna Health Holdings, LLC	378,552,000	(3,000,000)	0	0	0	0		0	375,552,000	0
95003	06-1345436	Aetna Health Inc. (AZ)	(11,000,000)	0	0	0	(46,265,701)	(318,257)		0	(57,583,958)	0
0	95-3402799	Aetna Health of California Inc.	(29,000,000)	0	0	0	(140,011,895)	(50,000)		0	(169,061,895)	0
95256	84-1312793	Aetna Health Inc. (CO)	0	0	0	0	(19,603,449)	(192,638)		0	(19,796,087)	5,876
95935	23-2442048	Aetna Health Inc. (CT)	0	0	0	0	(18,177,965)	0		0	(18,177,965)	0
95245	23-2470575	Aetna Health Inc. (DE)	0	1,500,000	0	0	(1,963,573)	(46,263)		0	(509,836)	0
95088	59-2411584	Aetna Health Inc. (FL)	(42,200,000)	0	0	0	(248,395,426)	3,010,473		0	(287,584,953)	3,494,937
95094	58-1649568	Aetna Health Inc. (GA)	(9,100,000)	0	0	0	(39,506,485)	0		0	(48,606,485)	0
95397	06-1055955	Aetna Health of Illinois Inc.	(5,300,000)	0	0	0	(22,672,990)	346,878		0	(27,626,112)	577,538
95590	52-1353802	Aetna Health Inc. (MD)	(21,700,000)	0	0	0	(84,580,772)	1,114,856		0	(105,165,916)	893,492
95756	23-2861565	Aetna Health Inc. (MI)	0	0	0	0	(619,418)	(8,886)		0	(628,304)	0
95810	23-2861568	Aetna Health Inc. (MO)	0	0	0	0	(6,599,280)	0		0	(6,599,280)	0
95287	52-1270921	Aetna Health Inc. (NJ)	(111,500,000)	0	0	0	(235,571,183)	(5,496,052)		0	(352,567,235)	8,957,729
95234	22-2663623	Aetna Health Inc. (NY)	(73,000,000)	0	0	0	(99,710,780)	0		0	(172,710,780)	0
95343	56-1941613	Aetna Health of the Carolinas Inc.	0	0	0	0	(4,671,870)	(92,650)		0	(4,764,520)	0
95757	23-2861563	Aetna Health Inc. (OK)	(1,700,000)	0	0	0	(17,316,419)	703,723		0	(18,312,696)	802,357
95109	23-2169745	Aetna Health Inc. (PA)	(55,000,000)	0	0	0	(240,552,695)	2,588,409		0	(292,964,286)	1,579,727
95006	62-1327181	Aetna Health Inc. (TN)	0	1,500,000	0	0	(12,306,234)	(98,693)		0	(10,904,927)	181,720
95490	76-0189680	Aetna Health Inc. (TX)	(15,100,000)	0	0	0	(102,874,889)	4,344,506		0	(113,630,383)	2,205,468
0	22-3187443	NYLCare Health Plans, Inc.	17,748,000	0	0	0	0	0		0	17,748,000	0
95517	01-0504252	Aetna Health Inc. (ME)	(4,400,000)	0	0	0	(18,858,439)	(64,976)		0	(23,323,415)	66,504
47060	91-1662406	Aetna Health Inc. (WA)	(3,800,000)	0	0	0	(1,855,127)	0		0	(5,655,127)	0
0	06-1160812	Aetna Dental of California Inc.	(9,400,000)	0	0	0	(16,328,579)	0		0	(25,728,579)	0
11183	22-2990909	Aetna Dental Inc. (NJ)	0	0	0	0	(2,358,790)	0		0	(2,358,790)	0
95910	06-1177531	Aetna Dental Inc. (TX)	(4,100,000)	0	0	0	(16,409,641)	(44,756)		0	(20,554,397)	0
0	13-3670795	Aetna Health Management, LLC	0	0	0	0	1,010,771,423	0		0	1,010,771,423	0
0	30-0123760	Aetna RX Home Delivery, LLC	0	0	0	0	212,799,785	0		0	212,799,785	0
12328	20-2207534	Aetna Family Plans of Georgia Inc.	0	0	0	0	(48,819)	0		0	(48,819)	0
0	57-0640344	Strategic Resource Company	0	0	0	0	83,044,906	0		0	83,044,906	0
0	04-3134551	Chickering Claims Administrators, Inc.	0	0	0	0	22,038,404	0		0	22,038,404	0

SCHEDULE Y (Continued)

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)
0	04-2708160	Chickering Benefit Planning Insurance Agency, Inc.	0	0	0	0	19,211,840	0		0	19,211,840	0
0	52-1209768	Aetna Specialty Pharmacy	0	0	0	0	34,340,454	0		0	34,340,454	0
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?	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 being 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 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

EXPLANATIONS:

BAR CODE:

95756200736000000

95756200720500000

95756200720700000

95756200742000000

95756200736500000

95756200733000000

95756200721100000

95756200721300000

Overflow Page
NONE

Overflow Page
NONE

2007 ALPHABETICAL INDEX

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

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PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2007

Of the.....Aetna Health Inc. (a Michigan corporation)

ADDRESS .....Southfield MI 48033-4716

NAIC Group Code.....0001 NAIC Company Code.....95756 Employer's ID Number.....23-2861565

Sch. F-Pt. 1
NONE

Sch. F-Pt. 3
NONE

Sch. P-Pt. 1-Summary
NONE

Sch. P-Pt. 1A
NONE

Sch. P-Pt. 1B
NONE

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

Sch. P-Pt. 1F-Sn. 1
NONE

Sch. P-Pt. 1F-Sn. 2
NONE

Sch. P-Pt. 1G
NONE

Sch. P-Pt. 1H-Sn. 1
NONE

Sch. P-Pt. 1H-Sn. 2
NONE

Sch. P-Pt. 1I
NONE

Sch. P-Pt. 1J
NONE

Sch. P-Pt. 1K
NONE

Sch. P-Pt. 1L
NONE

Sch. P-Pt. 1M
NONE

Sch. P-Pt. 1N
NONE

Sch. P-Pt. 1O
NONE

Sch. P-Pt. 1P
NONE

Sch. P-Pt. 1R-Sn. 1
NONE

Sch. P-Pt. 1R-Sn. 2
NONE

Sch. P-Pt. 1S
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Sch. P-Pt. 2-Summary
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Sch. P-Pt. 2A
NONE

Sch. P-Pt. 2B
NONE

Sch. P-Pt. 2C
NONE

Sch. P-Pt. 2D
NONE

Sch. P-Pt. 2E
NONE

Sch. P-Pt. 2F-Sn. 1
NONE

Sch. P-Pt. 2F-Sn. 2
NONE

Sch. P-Pt. 2G
NONE

Sch. P-Pt. 2H-Sn. 1
NONE

Sch. P-Pt. 2H-Sn. 2
NONE

Sch. P-Pt. 2I
NONE

Sch. P-Pt. 2J
NONE

Sch. P-Pt. 2K
NONE

Sch. P-Pt. 2L
NONE

Sch. P-Pt. 2M
NONE

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

Sch. P-Pt. 2R-Sn. 1
NONE

Sch. P-Pt. 2R-Sn. 2
NONE

Sch. P-Pt. 2S
NONE

Supplement for the year 2007 of the **Aetna Health Inc. (a Michigan corporation)**

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 9 5 7 5 6 2 0 0 7 2 0 8 5 9 1 0 0 *

NAIC Group Code.....0001 NAIC Company Code....95756

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

3301.	0	0	0	0	0	0	0	0	0	0	0	0
3302.	0	0	0	0	0	0	0	0	0	0	0	0
3303.	0	0	0	0	0	0	0	0	0	0	0	0
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 $.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Overflow Page for Write-Ins

NONE