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ANNUAL STATEMENT

For the Year Ended December 31, 2010

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. Craig L Bass #	President	2. Christine M Surdock	Treasurer
3. Jeff D Barlow	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Craig L Bass # 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)
Craig L Bass	Christine M Surdock	Jeff D Barlow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2011

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						
Rx America	215,504	422,969	671,604		1,310,077	0
0199999. Total Pharmaceutical Rebate Receivables	215,504	422,969	671,604	0	1,310,077	0
Capitation Arrangement Receivables						
State of Michigan, Department of Community Health	1,439,802	280,550	204,135	4,845,496		6,769,983
Births - Medicaid	2,810,986	296,810	199,748	1,592,018		4,899,562
0499998. Capitation Arrangement Receivables Not Listed Individually	616,516					616,516
0499999. Total Capital Arrangement Receivables	4,867,304	577,360	403,883	6,437,514	0	12,286,061
0799999. Total Health Care Receivables	5,082,808	1,000,329	1,075,487	6,437,514	1,310,077	12,286,061

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	4,229,653					4,229,653
Hospital Cap Payable	26,405,993					26,405,993
0199999. Individually listed claims unpaid	30,635,646	0	0	0	0	30,635,646
0399999. Aggregate accounts not individually listed - covered	3,327,916					3,327,916
0499999. Subtotals	33,963,562	0	0	0	0	33,963,562
0599999. Unreported claim and other claim reserves						47,211,072
0799999. Total claims unpaid						81,174,634
0899999. Accrued medical incentive pool and bonus amounts						1,561,416

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
Amounts Due From Parent, Subsidiaries and Affiliates							
Molina Healthcare, Inc.	168,623						
						168,623	
0199999. Individually listed receivables	168,623	0	0	0	0	168,623	0
0399999. Total gross amounts receivable	168,623	0	0	0	0	168,623	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

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	197,382,396	29.7	226,703	100.0	197,382,396	
2. Intermediaries	0	0.0				
3. All other providers	21,217,292	3.2			21,217,292	
4. Total capitation payments	218,599,688	32.9	226,703	100.0	218,599,688	0
Other Payments:						
5. Fee-for-service	77,592,035	11.7	XXX	XXX	77,592,035	
6. Contractual fee payments	369,061,994	55.5	XXX	XXX	369,061,994	
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	446,654,029	67.1	XXX	XXX	446,654,029	0
13. Total (Line 4 plus Line 12)	665,253,717	100.0	XXX	XXX	665,253,717	0

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		1,885,934	550,713	550,672	41
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	1,885,934	550,713	550,672	41

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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	222,905	249						3,316	219,340	
2. First quarter	225,435	294						4,183	220,958	
3. Second quarter	226,038	324						5,022	220,692	
4. Third quarter	224,520	376						5,674	218,470	
5. Current year	226,703	819						6,322	219,562	
6. Current year member months	2,708,441	4,988						60,769	2,642,684	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,378,881	1,430						70,478	1,306,973	
8. Non-physician	238,099	158						32,694	205,247	
9. Totals	1,616,980	1,588	0	0	0	0	0	103,172	1,512,220	0
10. Hospital patient days incurred	113,576	6						14,798	98,772	
11. Number of inpatient admissions	23,593	3						1,962	21,628	
12. Health premiums written (b)	807,129,993	392,128						77,782,582	728,955,283	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	807,129,993	392,128						77,782,582	728,955,283	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	665,253,717	236,129						66,617,052	598,400,536	
18. Amount incurred for provision of health care services	680,211,931	311,790						74,038,272	605,861,869	

(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 $.....77,782,582

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	222,905	249						3,316	219,340	
2. First quarter	225,435	294						4,183	220,958	
3. Second quarter	226,038	324						5,022	220,692	
4. Third quarter	224,520	376						5,674	218,470	
5. Current year	226,703	819						6,322	219,562	
6. Current year member months	2,708,441	4,988						60,769	2,642,684	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,378,881	1,430						70,478	1,306,973	
8. Non-physician	238,099	158						32,694	205,247	
9. Totals	1,616,980	1,588	0	0	0	0	0	103,172	1,512,220	0
10. Hospital patient days incurred	113,576	6						14,798	98,772	
11. Number of inpatient admissions	23,593	3						1,962	21,628	
12. Health premiums written (b)	807,129,993	392,128						77,782,582	728,955,283	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	807,129,993	392,128						77,782,582	728,955,283	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	665,253,717	236,129						66,617,052	598,400,536	
18. Amount incurred for provision of health care services	680,211,931	311,790						74,038,272	605,861,869	

(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 $.....77,782,582

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												
93572	43-1235868	01/01/2010	RGA	Missouri	A/I	764,377						
0299999.	Total - Authorized General Account - Non-Affiliates					764,377	0	0	0	0	0	0
0399999.	Total - Authorized General Account					764,377	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					764,377	0	0	0	0	0	0
1599999.	Totals					764,377	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 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	1	0			1
2. Title XVIII - Medicare	211	105	79	41	4
3. Title XIX - Medicaid	552	522	179	204	680
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 12)	131,190,474		131,190,474
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	20,669,474		20,669,474
6.	Totals assets (Line 28)	151,859,948	0	151,859,948
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	81,174,633		81,174,633
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,561,416		1,561,416
9.	Premiums received in advance (Line 8)	199,904		199,904
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			0
11.	Reinsurance in unauthorized companies (Line 20)			0
12.	All other liabilities (balance)	5,407,453		5,407,453
13.	Total liabilities (Line 24)	88,343,406	0	88,343,406
14.	Total capital and surplus (Line 33)	63,516,542	XXX	63,516,542
15.	Total liabilities, capital and surplus (Line 34)	151,859,948	0	151,859,948
	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.	76,300,000	(161,929,350)			263,985,055				178,355,705	
00000	33-0342719	Molina Healthcare of California	(8,000,000)	-			(38,739,803)				(46,739,803)	
00000	20-2714545	Molina California Partner Plan	-	-			(711,000)				(711,000)	
52630	38-3341599	Molina Healthcare of Michigan	(12,000,000)	-			(44,377,873)				(56,377,873)	
95502	33-0617992	Molina Healthcare of Utah	-	12,000,000			(16,387,720)				(4,387,720)	
96270	91-1284790	Molina Healthcare of Washington	(16,300,000)	-			(54,920,656)				(71,220,656)	
95379	85-0408506	Molina Healthcare of New Mexico	(19,000,000)	-			(30,036,345)				(49,036,345)	
10757	20-1494502	Molina Healthcare of Texas	-	1,161,727			(12,261,403)	(809,779)			(11,909,455)	
12334	20-0750134	Molina Healthcare of Ohio	(8,000,000)	-			(51,985,077)				(59,985,077)	
69647	31-0628424	Molina Healthcare Insurance Company	-	-			218,000				218,000	
12905	20-3567602	Molina Healthcare of Nevada	(1,500,000)	-			197,000				(1,303,000)	
13128	26-0155137	Molina Healthcare of Florida	-	(1,000,000)			(6,722,293)				(7,722,293)	
95609	43-1743902	Alliance for Community Health, LLC	(11,500,000)	-			(12,523,118)				(24,023,118)	
00000	26-1769086	Molina Healthcare of Virginia	-	-			(487,203)				(487,203)	
12007	20-0813104	Abri Health Plan, Inc.	-	16,484,350			(427,564)				16,056,786	
13778	27-0522725	Molina Healthcare of Texas Insurance Company	-	2,033,273				809,779			2,843,052	
00000	27-1510177	Molina Information Systems, LLC	-	131,250,000			5,180,000				136,430,000	
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.

	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 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
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 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	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	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
16.	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
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
20.	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
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:	BAR CODE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	*5263020102100000*
8.	
9.	
10.	
11.	*5263020103600000*
12.	*5263020102050000*
13.	*5263020102070000*
14.	*5263020104200000*
15.	*5263020103710000*
16.	*5263020103700000*
17.	*5263020103650000*
18.	*5263020103060000*
19.	*5263020102110000*
20.	*5263020102130000*
21.	
22.	
23.	

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	29,228	15,047	39,248		83,523
2505. Conferences	14,366	386	38,018		52,770
2506. Freight	2,732	228	114,823		117,783
2507. Misc			(81)		(81)
2508.					0
2597. Summary of remaining write-ins for Line 25	46,326	15,661	192,008	0	253,995

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NONE

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