



**HEALTH ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2013  
 OF THE CONDITION AND AFFAIRS OF THE  
**UnitedHealthcare of New England, Inc.**

NAIC Group Code 0707 0707 NAIC Company Code 95149 Employer's ID Number 05-0413469  
 (Current) (Prior)

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 11/14/1984 Commenced Business 12/27/1984

Statutory Home Office 475 Kilvert Street, Suite 310, Warwick, RI, US 02886-1392  
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 48 Monroe Turnpike MS:CT015-1000  
 (Street and Number)  
Trumbull, CT, US 06611, 203-459-6000  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 48 Monroe Turnpike MS:CT015-1000, Trumbull, CT, US 06611  
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 48 Monroe Turnpike MS:CT015-1000  
 (Street and Number)  
Trumbull, CT, US 06611, 203-459-6624  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.unitedhealthcare.com

Statutory Statement Contact Alba McGinnis, 203-459-6624  
 (Name) (Area Code) (Telephone Number)  
alba\_mcginnis@uhc.com, 203-452-4690  
 (E-mail Address) (FAX Number)

**OFFICERS**

President Stephen John Farrell Treasurer Robert Worth Oberrender  
 Secretary Christina Regina Palme-Krizak Chief Financial Officer Timothy John Noel

**OTHER**

Patrice Evelyn Cooper Vice President, Medicaid Operations  
Michelle Marie Huntley Assistant Secretary Juanita Bolland Luis Assistant Secretary  
Russell Conrad Petrella Chief Executive Officer

**DIRECTORS OR TRUSTEES**

Patrice Evelyn Cooper Stephen John Farrell Russell Conrad Petrella #

State of Rhode Island SS:  
 County of Kent

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.

Stephen John Farrell Christina Regina Palme-Krizak  
 President Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_  
 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.....

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	182,427,120		182,427,120	180,455,450
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	9,248,649		9,248,649	33,364,606
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less			0	0
\$ .....				
encumbrances) .....				
4.3 Properties held for sale (less \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....				
(\$ .....				
(1,156,029), Schedule E - Part 1), cash equivalents				
(\$ .....				
2,899,883, Schedule E - Part 2) and short-term				
investments (\$ .....				
3,565,877, Schedule DA) .....	5,309,731	0	5,309,731	(322,638)
6. Contract loans, (including \$ .....			0	0
premium notes) .....				
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	196,985,500	0	196,985,500	213,497,418
13. Title plants less \$ .....			0	0
charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	1,379,394		1,379,394	1,618,639
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,616,130	105,632	5,510,497	1,949,965
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$ .....			0	0
earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	950,261		950,261	623,279
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	112,923		112,923	87,793
17. Amounts receivable relating to uninsured plans .....	8,273,073	23,427	8,249,646	3,640,601
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	2,076,105
18.2 Net deferred tax asset .....	3,763,741		3,763,741	2,722,675
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ .....			0	0
) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....				
13,905,541) and other amounts receivable .....	16,350,222	2,444,681	13,905,541	19,254,918
25. Aggregate write-ins for other than invested assets .....	49,676	49,513	163	227,628
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	233,480,919	2,623,253	230,857,665	245,699,021
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....			0	0
28. Total (Lines 26 and 27)	233,480,919	2,623,253	230,857,665	245,699,021
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses .....	49,513	49,513	0	0
2502. State Taxes Receivable .....	163		163	2,989
2503. Premium Tax Receivable .....			0	224,639
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	49,676	49,513	163	227,628

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,690,562 reinsurance ceded)	70,000,928		70,000,928	74,998,163
2. Accrued medical incentive pool and bonus amounts	391,424		391,424	299,869
3. Unpaid claims adjustment expenses	865,366		865,366	1,144,012
4. Aggregate health policy reserves, including the liability of \$ 16,284 for medical loss ratio rebate per the Public Health Service Act	3,471,194		3,471,194	1,987,691
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	278,559		278,559	268,276
8. Premiums received in advance	24,553,097		24,553,097	20,360,983
9. General expenses due or accrued	321,365		321,365	272,685
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	24,578		24,578	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	1,050,911		1,050,911	683,722
12. Amounts withheld or retained for the account of others	204,675		204,675	0
13. Remittance and items not allocated	20,270		20,270	1,844
14. Borrowed money (including \$ current) and interest thereon \$ (including current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,074,803		1,074,803	4,544,563
16. Derivatives			0	0
17. Payable for securities	1,034,146		1,034,146	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ companies)			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,648,906		1,648,906	751,866
23. Aggregate write-ins for other liabilities (including \$ current)	1,425,605	0	1,425,605	241,206
24. Total liabilities (Lines 1 to 23)	106,365,828	0	106,365,828	105,554,880
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	5,862,835	5,862,835
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	12,000,000	12,000,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	106,629,002	122,281,306
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	124,491,837	140,144,141
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	230,857,665	245,699,021
<b>DETAILS OF WRITE-INS</b>				
2301. Part D RAF Payable	1,422,280		1,422,280	0
2302. Unclaimed Property	3,325		3,325	2,556
2303. Deposits Payable	0		0	238,650
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	1,425,605	0	1,425,605	241,206
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	989,309	955,121
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	586,343,618	570,245,539
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	1,126,380	(1,470,189)
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX	0	
5. Risk revenue.....	XXX	0	
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	587,469,998	568,775,350
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		475,257,791	440,842,991
10. Other professional services.....		3,011,032	4,284,699
11. Outside referrals.....		0	
12. Emergency room and out-of-area.....		0	
13. Prescription drugs.....		65,799,270	61,791,830
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts.....		374,790	96,289
16. Subtotal (Lines 9 to 15).....	0	544,442,883	507,015,809
<b>Less:</b>			
17. Net reinsurance recoveries.....		7,319,783	7,492,834
18. Total hospital and medical (Lines 16 minus 17).....	0	537,123,100	499,522,975
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ .....10,765,523 cost containment expenses.....		21,334,840	16,339,965
21. General administrative expenses.....		36,404,326	33,293,116
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		2,609,883	294,128
23. Total underwriting deductions (Lines 18 through 22).....	0	597,472,149	549,450,184
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(10,002,151)	19,325,166
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		4,436,394	5,217,930
26. Net realized capital gains (losses) less capital gains tax of \$ .....601,536.....		1,069,970	186,831
27. Net investment gains (losses) (Lines 25 plus 26).....	0	5,506,364	5,404,761
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....256,202 ) (amount charged off \$ .....20,494 )].....		235,708	(97,813)
29. Aggregate write-ins for other income or expenses.....	0	43,930	(59,013)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(4,216,149)	24,573,101
31. Federal and foreign income taxes incurred.....	XXX	(1,374,961)	7,831,025
32. Net income (loss) (Lines 30 minus 31).....	XXX	(2,841,188)	16,742,076
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901. Miscellaneous Income.....		61,930	243
2902. Fines and Penalties.....		(18,000)	(59,256)
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	43,930	(59,013)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	140,144,141	137,157,171
34. Net income or (loss) from Line 32.....	(2,841,188)	16,742,076
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	1,041,066	763,146
39. Change in nonadmitted assets.....	147,817	(1,518,252)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....	(14,000,000)	(13,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(15,652,305)	2,986,970
49. Capital and surplus end of reporting period (Line 33 plus 48)	124,491,837	140,144,141
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

## CASH FLOW

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	587,306,699	570,578,185
2. Net investment income .....	5,837,768	6,247,379
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	593,144,466	576,825,563
5. Benefit and loss related payments .....	536,926,600	488,003,626
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	61,376,072	53,588,655
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	(2,874,108)	13,953,966
10. Total (Lines 5 through 9) .....	595,428,564	555,546,247
11. Net cash from operations (Line 4 minus Line 10) .....	(2,284,097)	21,279,316
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	58,709,440	43,406,534
12.2 Stocks .....	600,494,500	533,036,710
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	1,034,146	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	660,238,086	576,443,244
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	60,172,035	73,472,837
13.2 Stocks .....	576,378,542	531,121,919
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	636,550,577	604,594,756
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	23,687,509	(28,151,512)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	14,000,000	13,000,000
16.6 Other cash provided (applied) .....	(1,771,044)	15,795,229
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(15,771,044)	2,795,229
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	5,632,368	(4,076,967)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	(322,638)	3,754,329
19.2 End of year (Line 18 plus Line 19.1) .....	5,309,731	(322,638)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare of New England, Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	586,343,618	4,256,725					326,151,165	255,935,728		
2. Change in unearned premium reserves and reserve for rate credit	1,126,380	14,283					882,762	229,335		
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	587,469,998	4,271,008	0	0	0	0	327,033,927	256,165,063	0	0
8. Hospital/medical benefits	475,257,791	7,159,903					279,954,411	188,143,477		XXX
9. Other professional services	3,011,032	488,328					2,522,704			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	65,799,270	1,517,395					19,690,710	44,591,165		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	374,790	158,584					12,422	203,784		XXX
15. Subtotal (Lines 8 to 14)	544,442,883	9,324,210	0	0	0	0	302,180,247	232,938,426	0	XXX
16. Net reinsurance recoveries	7,319,783	5,610,781					1,625,144	83,858		XXX
17. Total medical and hospital (Lines 15 minus 16)	537,123,100	3,713,429	0	0	0	0	300,555,103	232,854,568	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 10,765,523 cost containment expenses	21,334,840	102,622					11,505,972	9,726,246		
20. General administrative expenses	36,404,326	275,146					20,902,679	15,226,501		
21. Increase in reserves for accident and health contracts	2,609,883	154,883					2,455,000			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	597,472,149	4,246,080	0	0	0	0	335,418,754	257,807,315	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(10,002,151)	24,928	0	0	0	0	(8,384,827)	(1,642,252)	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	10,832,747		6,576,022	4,256,725
2. Medicare Supplement .....				0
3. Dental only .....				0
4. Vision only .....				0
5. Federal Employees Health Benefits Plan .....	0			0
6. Title XVIII - Medicare .....	327,828,654		1,677,488	326,151,166
7. Title XIX - Medicaid .....	256,554,945		619,218	255,935,727
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	595,216,346	0	8,872,728	586,343,618
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11)	595,216,346	0	8,872,728	586,343,618

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	542,803,508	9,229,418					300,572,232	233,001,858		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	6,064,992	5,667,672					323,906	73,414		
1.4 Net	536,738,516	3,561,746	0	0	0	0	300,248,326	232,928,444	0	0
2. Paid medical incentive pools and bonuses	188,084	108,805					33,093	46,186		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	71,691,490	913,138	0	0	0	0	44,961,648	25,816,704	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	1,690,562	441,152	0	0	0	0	915,767	333,643	0	0
3.4 Net	70,000,928	471,986	0	0	0	0	44,045,881	25,483,061	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	298,717	24,308					68,542	205,867		
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	20,158	13,738					6,420			
4.4 Net	278,559	10,570	0	0	0	0	62,122	205,867	0	0
5. Accrued medical incentive pools and bonuses, current year	391,424	9,875					194,050	187,499		
6. Net healthcare receivables (a)	(5,418,877)	78,225					2,206,887	(7,703,989)		
7. Amounts recoverable from reinsurers December 31, current year	950,261	571,210					379,051			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	75,864,098	902,807	0	0	0	0	41,171,920	33,789,371	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	865,935	542,736	0	0	0	0	0	323,199	0	0
8.4 Net	74,998,163	360,071	0	0	0	0	41,171,920	33,466,172	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	280,400	20,206					55,788	204,406		
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	12,123	12,123								
9.4 Net	268,277	8,083	0	0	0	0	55,788	204,406	0	0
10. Accrued medical incentive pools and bonuses, prior year	299,869	55,246					214,722	29,901		
11. Amounts recoverable from reinsurers December 31, prior year	623,279	623,279								
12. Incurred Benefits:										
12.1 Direct	544,068,094	9,165,626	0	0	0	0	302,167,827	232,734,641	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	7,224,636	5,515,634	0	0	0	0	1,625,144	83,858	0	0
12.4 Net	536,843,458	3,649,992	0	0	0	0	300,542,683	232,650,783	0	0
13. Incurred medical incentive pools and bonuses	279,639	63,434	0	0	0	0	12,421	203,784	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	22,663,226	454,716					12,436,500	9,772,010		
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	260,349	159,946					100,403			
1.4 Net .....	22,402,877	294,770	0	0	0	0	12,336,097	9,772,010	0	0
2. Incurred but Unreported:										
2.1 Direct .....	49,028,264	458,422					32,525,148	16,044,694		
2.2 Reinsurance assumed .....	0									
2.3 Reinsurance ceded .....	1,430,213	281,206					815,364	333,643		
2.4 Net .....	47,598,051	177,216	0	0	0	0	31,709,784	15,711,051	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	71,691,490	913,138	0	0	0	0	44,961,648	25,816,704	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	1,690,562	441,152	0	0	0	0	915,767	333,643	0	0
4.4 Net .....	70,000,928	471,986	0	0	0	0	44,045,881	25,483,061	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare of New England, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	115,422	3,498,394	31,180	451,376	146,602	368,152
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	30,690,318	269,178,958	1,131,049	42,976,954	31,821,367	41,227,709
7. Title XIX - Medicaid .....	17,635,524	215,292,918	2,506,478	23,182,450	20,142,002	33,670,578
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	48,441,264	487,970,270	3,668,707	66,610,780	52,109,971	75,266,439
10. Healthcare receivables (a) .....	5,219,687	10,817,051		313,483	5,219,687	21,769,100
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	85,399	102,685	19,909	371,515	105,308	299,869
13. Totals (Lines 9 - 10 + 11 + 12)	43,306,976	477,255,904	3,688,616	66,668,812	46,995,592	53,797,208

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	3,560	3,584	3,576	3,577	3,728
2.	2009 .....	35,474	42,057	42,062	42,052	42,055
3.	2010 .....	XXX	18,980	18,256	18,235	18,225
4.	2011 .....	XXX	XXX	13,955	13,078	13,066
5.	2012 .....	XXX	XXX	XXX	5,435	4,848
6.	2013 .....	XXX	XXX	XXX	XXX	4,126

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	3,924	3,584	3,576	3,577	3,728
2.	2009 .....	38,796	42,164	42,062	42,052	42,055
3.	2010 .....	XXX	21,745	18,398	18,235	18,225
4.	2011 .....	XXX	XXX	14,920	12,842	13,066
5.	2012 .....	XXX	XXX	XXX	6,094	4,880
6.	2013 .....	XXX	XXX	XXX	XXX	4,587

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	47,599	42,055	26	0.1	42,081	88.4			42,081	88.4
2. 2010 .....	30,079	18,225	11	0.1	18,236	60.6			18,236	60.6
3. 2011 .....	42,560	13,066	8	0.1	13,074	30.7			13,074	30.7
4. 2012 .....	6,474	4,848	15	0.3	4,863	75.1	31	0	4,894	75.6
5. 2013 .....	4,257	4,126	65	1.6	4,191	98.4	461	4	4,656	109.4

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	15,621	15,029	14,912	14,797	14,744
2.	2009 .....	144,271	159,988	159,921	159,793	159,939
3.	2010 .....	XXX	137,120	154,181	153,835	153,758
4.	2011 .....	XXX	XXX	152,935	171,775	171,408
5.	2012 .....	XXX	XXX	XXX	241,576	272,650
6.	2013 .....	XXX	XXX	XXX	XXX	269,560

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	16,072	15,029	14,912	14,797	14,744
2.	2009 .....	166,149	160,556	159,921	159,793	159,939
3.	2010 .....	XXX	160,253	154,649	153,835	153,758
4.	2011 .....	XXX	XXX	177,794	172,441	171,408
5.	2012 .....	XXX	XXX	XXX	282,353	273,801
6.	2013 .....	XXX	XXX	XXX	XXX	312,711

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	194,438	159,939	726	0.5	160,665	82.6			160,665	82.6
2. 2010 .....	187,372	153,758	698	0.5	154,456	82.4			154,456	82.4
3. 2011 .....	200,170	171,408	778	0.5	172,186	86.0			172,186	86.0
4. 2012 .....	313,173	272,650	2,403	0.9	275,053	87.8	1,151	12	276,216	88.2
5. 2013 .....	326,151	269,560	7,050	2.6	276,610	84.8	43,151	454	320,215	98.2

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(000 Omitted)

**Section A - Paid Health Claims - Title XIX**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	11,573	11,391	11,207	11,094	10,967
2.	2009 .....	140,112	151,771	151,724	151,393	151,268
3.	2010 .....	XXX	161,550	176,241	175,673	175,388
4.	2011 .....	XXX	XXX	190,883	213,340	213,605
5.	2012 .....	XXX	XXX	XXX	201,907	219,816
6.	2013 .....	XXX	XXX	XXX	XXX	215,339

**Section B - Incurred Health Claims - Title XIX**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	11,788	11,391	11,207	11,094	10,967
2.	2009 .....	160,993	152,129	151,724	151,393	151,268
3.	2010 .....	XXX	186,489	178,673	175,673	175,388
4.	2011 .....	XXX	XXX	218,661	219,380	213,605
5.	2012 .....	XXX	XXX	XXX	229,567	222,322
6.	2013 .....	XXX	XXX	XXX	XXX	238,709

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	159,725	151,268	610	0.4	151,878	95.1			151,878	95.1
2. 2010 .....	195,796	175,388	707	0.4	176,095	89.9			176,095	89.9
3. 2011 .....	243,455	213,605	861	0.4	214,466	88.1			214,466	88.1
4. 2012 .....	250,599	219,816	1,870	0.9	221,686	88.5	2,507	38	224,231	89.5
5. 2013 .....	255,936	215,339	5,786	2.7	221,125	86.4	23,370	357	244,852	95.7

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	30,754	30,004	29,695	29,468	29,439
2.	2009 .....	319,857	353,816	353,707	353,238	353,262
3.	2010 .....	XXX	317,650	348,678	347,743	347,371
4.	2011 .....	XXX	XXX	357,773	398,193	398,079
5.	2012 .....	XXX	XXX	XXX	448,918	497,314
6.	2013 .....	XXX	XXX	XXX	XXX	489,025

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior .....	31,784	30,004	29,695	29,468	29,439
2.	2009 .....	365,938	354,849	353,707	353,238	353,262
3.	2010 .....	XXX	368,487	351,720	347,743	347,371
4.	2011 .....	XXX	XXX	411,375	404,663	398,079
5.	2012 .....	XXX	XXX	XXX	518,014	501,003
6.	2013 .....	XXX	XXX	XXX	XXX	556,007

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	401,762	353,262	1,362	0.4	354,624	88.3	0	0	354,624	88.3
2. 2010 .....	413,247	347,371	1,416	0.4	348,787	84.4	0	0	348,787	84.4
3. 2011 .....	486,185	398,079	1,647	0.4	399,726	82.2	0	0	399,726	82.2
4. 2012 .....	570,246	497,314	4,288	0.9	501,602	88.0	3,689	50	505,341	88.6
5. 2013 .....	586,344	489,025	12,901	2.6	501,926	85.6	66,982	815	569,723	97.2

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**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	1,703	1,703							
2. Additional policy reserves (a) .....	2,904,011	449,011					2,455,000		
3. Reserve for future contingent benefits .....	0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	819,241	40,710					778,531		
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	3,724,955	491,424	0	0	0	0	3,233,531	0	0
7. Reinsurance ceded .....	253,761	24,425						229,336	
8. Totals (Net)(Page 3, Line 4) .....	3,471,194	466,999	0	0	0	0	3,233,531	(229,336)	0
9. Present value of amounts not yet due on claims .....	0								
10. Reserve for future contingent benefits .....	298,717	24,308					68,542	205,867	
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	298,717	24,308	0	0	0	0	68,542	205,867	0
13. Reinsurance ceded .....	20,158	13,738					6,420		
14. Totals (Net)(Page 3, Line 7) .....	278,559	10,570	0	0	0	0	62,122	205,867	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....2,609,883 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	270,762	275,993	724,428		1,271,183
2. Salary, wages and other benefits .....	5,352,887	5,456,293	14,321,722		25,130,902
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			2,795,681		2,795,681
4. Legal fees and expenses .....	16,283	16,600	43,566		76,449
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	588,491	599,859	1,574,515		2,762,865
7. Traveling expenses .....	180,248	183,730	482,257		846,235
8. Marketing and advertising .....	407,741	415,617	1,090,915		1,914,273
9. Postage, express and telephone .....	354,690	361,541	948,977		1,665,208
10. Printing and office supplies .....	116,017	118,258	310,404		544,679
11. Occupancy, depreciation and amortization .....	136,124	138,754	364,202		639,080
12. Equipment .....	20,052	20,439	53,649		94,140
13. Cost or depreciation of EDP equipment and software .....	650,407	662,972	1,740,174		3,053,553
14. Outsourced services including EDP, claims, and other services .....	935,536	578,702	1,785,940		3,300,178
15. Boards, bureaus and association fees .....	11,269	11,487	30,151		52,907
16. Insurance, except on real estate .....	110,896	113,038	296,704		520,638
17. Collection and bank service charges .....	35,254	35,935	94,323		165,512
18. Group service and administration fees .....	15,844	16,150	36,046		68,040
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....	15,604	13,453	64,857		93,914
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			(30,840)		(30,840)
23.2 State premium taxes .....			5,349,863		5,349,863
23.3 Regulatory authority licenses and fees .....			99,688		99,688
23.4 Payroll taxes .....	259,368	225,307	1,079,186		1,563,861
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....				119,981	119,981
25. Aggregate write-ins for expenses .....	1,288,050	1,325,189	3,147,918	0	5,761,157
26. Total expenses incurred (Lines 1 to 25) .....	10,765,523	10,569,317	36,404,326	119,981	(a) 57,859,147
27. Less expenses unpaid December 31, current year .....	436,662	428,704	321,365		1,186,731
28. Add expenses unpaid December 31, prior year .....	713,863	430,149	272,685		1,416,697
29. Amounts receivable relating to uninsured plans, prior year .....			3,640,601		3,640,601
30. Amounts receivable relating to uninsured plans, current year .....			10,164,917		10,164,917
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	11,042,724	10,570,762	42,879,962	119,981	64,613,429
<b>DETAILS OF WRITE-INS</b>					
2501. Information Technology .....	74,451	75,889	199,195		349,535
2502. Interest .....	8,831	30,753	154,271		193,855
2503. Managed Care & Network Access .....	9,475	3,995	10,486		23,956
2598. Summary of remaining write-ins for Line 25 from overflow page .....	1,195,293	1,214,552	2,783,966	0	5,193,811
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	1,288,050	1,325,189	3,147,918	0	5,761,157

(a) Includes management fees of \$ 40,831,858 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. government bonds	(a) 398,626	392,788
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 4,326,334	4,092,901
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 70,686	70,686
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	4,795,646	4,556,375
11. Investment expenses		(g) 119,981
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		119,981
17. Net investment income (Line 10 minus Line 16)		4,436,394
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 88,821 accrual of discount less \$ 1,251,253 amortization of premium and less \$ 85,934 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 421 accrual of discount less \$ amortization of premium and less \$ 83,218 paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ 119,981 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	331,936	0	331,936	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	1,339,570	0	1,339,570	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	1,671,506	0	1,671,506	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0		0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	105,632	69,942	(35,690)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	23,427	70,855	47,428
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	2,444,681	2,514,182	69,501
25. Aggregate write-ins for other than invested assets .....	49,513	116,089	66,576
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,623,253	2,771,068	147,815
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	2,623,253	2,771,068	147,815
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid expenses .....	49,513	116,089	66,576
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	49,513	116,089	66,576

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	2,367	2,059	1,993	2,015	1,956	23,994
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....	77,660	80,081	80,842	80,632	80,436	965,315
7. Total	80,027	82,140	82,835	82,647	82,392	989,309
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare .....	30,238	32,132	32,346	32,628	32,530	388,370
0602. Medicaid .....	47,422	47,949	48,496	48,004	47,906	576,945
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	77,660	80,081	80,842	80,632	80,436	965,315

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## NOTES TO FINANCIAL STATEMENTS

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. Accounting Practices

The financial statements of UnitedHealthcare of New England, Inc. (the "Company") are presented on the basis of accounting practices prescribed or permitted by the State of Rhode Island Department of Business Regulation Insurance Division (the "Department").

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Rhode Island, for determining and reporting the financial condition and results of operations of a health maintenance organization, for determining its solvency under Rhode Island Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the financial statement.

(1-8) No significant differences exist between the practices prescribed or permitted by the State of Rhode Island and those prescribed or permitted by the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below (in thousands):

	State of Domicile	September 30, 2013	December 31, 2012
NET INCOME			
(1) UnitedHealthcare of New England, Inc. state basis	<u>Rhode Island</u>	<u>\$ 3,418</u>	<u>\$ 16,742</u>
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	<u>Rhode Island</u>	<u>\$ -</u>	<u>\$ -</u>
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	<u>Rhode Island</u>	<u>\$ -</u>	<u>\$ -</u>
(4) NAIC SAP	<u>Rhode Island</u>	<u>\$ 3,418</u>	<u>\$ 16,742</u>
SURPLUS			
(5) UnitedHealthcare of New England, Inc. state basis	<u>Rhode Island</u>	<u>\$ 142,897</u>	<u>\$ 140,144</u>
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	<u>Rhode Island</u>	<u>-</u>	<u>-</u>
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	<u>Rhode Island</u>	<u>-</u>	<u>-</u>
(8) NAIC SAP	<u>Rhode Island</u>	<u>\$ 142,897</u>	<u>\$ 140,144</u>

#### B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

No significant change.

#### C. Accounting Policy

No significant change.

### 2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No significant change.

### 3. BUSINESS COMBINATIONS AND GOODWILL

A–D. No significant change.

### 4. DISCONTINUED OPERATIONS

(1–5) No significant change.

### 5. INVESTMENTS AND OTHER INVESTED ASSETS

#### A. Mortgage Loans, including Mezzanine Real Estate Loans

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## NOTES TO FINANCIAL STATEMENTS

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No significant change.

### B. Debt restructuring

No significant change.

### C. Reverse Mortgages

No significant change.

### D. Loan-Backed Securities

- (1) Corporate bonds and government obligations include mortgage-backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from an external data source vendor.
- (2) The Company did not recognize any other-than-temporary impairments on mortgage-type investments as of September 30, 2013.
- (3) As of September 30, 2013, the Company did not have mortgage-type investments with any other-than-temporary impairment to report by CUSIP.
- (4) The following table illustrates the fair value, gross unrealized losses, and length of time that the mortgage-backed securities have been in a continuous unrealized loss position at September 30, 2013 and December 31, 2012 (in thousands):

	<b>September 30, 2013</b>
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ (141)
2. 12 Months or longer	-
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	10,306
2. 12 Months or longer	-
	<b>December 31, 2012</b>
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ (2)
2. 12 Months or longer	-
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	2,978
2. 12 Months or longer	-

- (5) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrealized losses as of September 30, 2013 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.

### E. Repurchase Agreements and/or Securities Lending Transactions

The Company does not have any repurchase agreements and/or securities lending transactions.

### F. Real Estate

No significant change.

### G. Investments in Low-Income Housing Tax Credits

No significant change.

## 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

**A–B.** No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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### 7. INVESTMENT INCOME

A–B. No significant change.

### 8. DERIVATIVE INSTRUMENTS

A–F. No significant change.

### 9. INCOME TAXES

The Company's net deferred tax asset decreased approximately \$774 from December 31, 2012 to September 30, 2013 as a result of the decrease in premiums received in advance and decrease in nonadmitted assets. Both of these items are temporary book-to-tax differences. The change in net deferred income taxes, excluding the impact of the change in nonadmitted assets, had a corresponding impact on the current federal income tax provision.

### 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

#### A–L. Material Related Party Transactions

The Company has entered into a pharmaceutical management agreement with an affiliated entity, OptumRx, Inc., with services commencing effective 01/01/2013. The agreement has been approved by the Department.

### 11. DEBT

A–B. No significant change.

### 12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POSTRETIREMENT BENEFIT PLANS

A–F. No significant change.

### 13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

(1–13) No significant change.

### 14. CONTINGENCIES

A–E. No significant change.

### 15. LEASES

A–B. No significant change.

### 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1–4) No significant change.

### 17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. The Company did not have any transfers of receivables reported as sales as of September 30, 2013 or December 31, 2012.
- B. The Company did not have any transfer and servicing of financial assets as of September 30, 2013 or December 31, 2012.
- C. No transactions involving wash sales of securities with an NAIC designation of 3 or below or unrated securities occurred as of September 30, 2013 or the year ended December 31, 2012.

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## NOTES TO FINANCIAL STATEMENTS

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### 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

**A–C.** No significant change.

### 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

No significant change.

### 20. FAIR VALUE MEASUREMENT

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

*Level 1* — Quoted (unadjusted) prices for identical assets in active markets.

*Level 2* — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

*Level 3* — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, short-term investments, preferred stocks, and common stocks (investments) are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service (“pricing service”), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to prices reported by its custodian, its investment consultant and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. Based on the Company’s internal price verification procedures and review of fair value methodology documentation provided by independent pricing services, the Company has not historically adjusted the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Company’s assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

#### **A. Fair Value**

##### **(1) Fair Value Measurements at Reporting Date**

The following table presents information about the Company’s financial assets that are measured and reported at fair value at September 30, 2013 and December 31, 2012, in the statutory basis statements of admitted assets, liabilities, and capital and surplus

## NOTES TO FINANCIAL STATEMENTS

according to the valuation techniques the Company used to determine their fair values (in thousands):

Description for each □ class of asset or liability	September 30, 2013			Total
	(Level 1)	(Level 2)	(Level 3)	
Assets at fair value:				
Perpetual preferred stock				
Industrial and misc	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries and affiliates	-	-	-	-
Total perpetual preferred stocks	-	-	-	-
Bonds:				
U.S. governments	-	-	-	-
Industrial and misc	-	-	-	-
Hybrid securities	-	-	-	-
Parent, subsidiaries and affiliates	-	-	-	-
Total bonds	-	-	-	-
Common stock:				
Industrial and misc	26,829	-	-	26,829
Parent, subsidiaries and affiliates	-	-	-	-
Total common stock	26,829	-	-	26,829
Derivative assets:				
Interest rate contracts	-	-	-	-
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total derivatives	-	-	-	-
Separate account assets	-	-	-	-
Total assets at fair value	<u>\$ 26,829</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,829</u>
Liabilities at fair value:				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

There were no transfers between Levels 1 and 2 during the nine months ended September 30, 2013 and the year ended December 31, 2012.

The Company does not have any financial assets with a fair value hierarchy of level 3.

**B. Fair Value Combination** — Not applicable

**C.** The aggregate fair value by hierarchy of all financial instruments as of September 30, 2013 and December 31, 2012, is presented in the table below (in thousands):

Types of Financial Investment	September 30, 2013					Not Practical Carrying Value
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	
Bonds	\$ 216,665	\$ 214,000	\$ 55,119	\$ 161,546	\$ -	\$ -
Common stock	-	-	-	-	-	-
Perpetual preferred stock	-	-	-	-	-	-
Mortgage loans	-	-	-	-	-	-
December 31, 2012						
Types of Financial Investment	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practical Carrying Value
Bonds	\$ 194,744	\$ 185,491	\$ 22,407	\$ 172,337	\$ -	\$ -
Common stock	33,365	33,365	33,365	-	-	-
Perpetual preferred stock	-	-	-	-	-	-
Mortgage loans	-	-	-	-	-	-

Included as Level 1 in bonds in the fair value hierarchy table above is money market instruments of \$35,777 and \$5,035 as of September 30, 2013 and December 31, 2012, respectively. Money market instruments are reflected in cash, cash equivalents and

## NOTES TO FINANCIAL STATEMENTS

short-term investments in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

**D. Not Practicable to Estimate Fair Value** — Not applicable

### 21. OTHER ITEMS

**A–H.** No significant change.

### 22. EVENTS SUBSEQUENT

Effective October 1, 2013, the Company entered into a reinsurance agreement with an affiliated entity, Unimerica Insurance Company, Inc. to cede obligations relating to; Chiropractic and physical therapy coverage, transplant coverage, infertility treatment coverage, and Mental Health and Substance Use Disorder Coverage. The agreement has been approved by the Department.

### 23. REINSURANCE

**A–C.** No significant change.

### 24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

**A–B.** No significant change.

**C.** The Company has Medicare Part D program business which is subject to a retrospective rating feature related to Part D Premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Part D earned premiums subject to retrospective rating was approximately \$13,621 and \$17,736 representing 3.1% and 3.1% of total net premium income as of September 30, 2013 and December 31, 2012, respectively.

The Medicaid business contract with the State of Rhode Island includes experience rebates. The rebate period is over the contract period, which is an August 31 year-end. The Company estimates accrued retrospective premium adjustments for its Medicaid business based on the tiered rebate formula provided in the contract. The formula is based on net income before taxes. The amount of net premium income that is subject to the state Medicaid contract retrospective rating feature was approximately \$191,841 and \$251,201, representing 43.3% and 44.2% of total net premium income as of September 30, 2013 and December 31, 2012, respectively.

**D.** The Company is required to maintain specific minimum loss ratios. These minimum loss ratios apply to comprehensive major medical coverage and vary depending on group size. The following table discloses the minimum medical loss ratio rebates required pursuant to the Health Reform Legislation for the nine months ended September 30, 2013 and the year ended December 31, 2012 (in thousands):

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year:					
(1) Medical loss ratio rebates incurred	\$ -	\$ 69	\$ 6	\$ -	\$ 75
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss rebates unpaid	-	69	6	-	75
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	45
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 30
Current reporting year-to-date:					
(7) Medical loss ratio rebates incurred	\$ -	\$ (35)	\$ 54	\$ -	\$ 19
(8) Medical loss ratio rebates paid	-	35	18	-	53
(9) Medical loss rebates unpaid	-	-	42	-	42
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	25
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 17

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**NOTES TO FINANCIAL STATEMENTS**


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**25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES**

Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the accompanying statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in the claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves and health care receivables at September 30, 2013 and December 31, 2012 (in thousands):

	<b>September 30, 2013</b>		
	<b>Current Year Incurred Claims</b>	<b>Prior Years Incurred Claims</b>	<b>Total</b>
Beginning of year claim reserve	\$ -	\$ (75,566)	\$ (75,566)
Paid claims, net of health care receivables and reinsurance recoveries collected	344,160	47,721	391,881
End of year claim reserve	<u>74,096</u>	<u>2,927</u>	<u>77,023</u>
 Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	 418,256	 (24,918)	 393,338
 Beginning of year health care receivables and reinsurance recoverables	 -	 22,392	 22,392
End of year health care receivables and reinsurance recoverables	<u>(8,586)</u>	<u>(5,440)</u>	<u>(14,026)</u>
 Total incurred claims	 <u>\$ 409,670</u>	 <u>\$ (7,966)</u>	 <u>\$ 401,704</u>
	<b>December 31, 2012</b>		
	<b>Current Year Incurred Claims</b>	<b>Prior Years Incurred Claims</b>	<b>Total</b>
Beginning of year claim reserve	\$ -	\$ (56,644)	\$ (56,644)
Paid claims, net of health care receivables and reinsurance recoveries collected	449,541	38,462	488,003
End of year claim reserve	<u>69,096</u>	<u>6,470</u>	<u>75,566</u>
 Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	 518,637	 (11,712)	 506,925
 Beginning of year health care receivables and reinsurance recoverables	 -	 14,989	 14,989
End of year health care receivables and reinsurance recoverables	<u>(10,940)</u>	<u>(11,452)</u>	<u>(22,392)</u>
 Total incurred claims	 <u>\$ 507,697</u>	 <u>\$ (8,175)</u>	 <u>\$ 499,522</u>

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves and health care receivables as of December 31, 2012 were approximately \$53,174. As of September 30, 2013, approximately \$47,721 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$2,927 as a result of re-estimation of unpaid claims. Therefore, there has been approximately \$7,966 favorable prior year development since December 31, 2012 to September 30, 2013. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of \$3,690 and by favorable development of \$4,908 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. At December 31, 2012, the Company recorded approximately \$8,175 of favorable development related to insured events of prior years primarily as a result of ongoing analysis of loss development trends and changes to the provider settlement reserves. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The favorable development also impacts the original estimates and calculations for retrospectively rated policies, including the medical loss ratio rebate accrual. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies, including the medical loss ratio rebate accrual and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

The Company incurred claims adjustment expenses ("CAE") of approximately \$14,121 and \$16,340 for the nine months ended September 30, 2013 and the year ended December 31, 2012,

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## NOTES TO FINANCIAL STATEMENTS

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respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc. ("UHS") as a part of its management agreement.

The following tables disclose paid CAE, incurred CAE, and the balance in the unpaid claim adjustment expenses reserve for the nine months ended September 30, 2013 and the year ended December 31, 2012 (in thousands):

	September 30, 2013	December 31, 2012
Total claims adjustment expenses incurred	\$ 14,121	\$ 16,340
Less current year unpaid claims adjustment expenses	(818)	(1,144)
Add prior year unpaid claims adjustment expenses	<u>1,144</u>	<u>894</u>
Total claims adjustment expenses paid	<u>\$ 14,447</u>	<u>\$ 16,090</u>

### 26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. No significant change.

### 27. STRUCTURED SETTLEMENTS

A–B. No significant change.

### 28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLES

A–B. No significant change.

### 29. PARTICIPATING POLICIES

No significant change.

### 30. PREMIUM DEFICIENCY RESERVES

No significant change.

### 31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Rhode Island
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2009
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2009
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 03/30/2011
- 3.4 By what department or departments?  
Rhode Island Department of Business Regulation .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information:  
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank, Inc. ....	Salt Lake City, Utah .....	NO	NO	YES	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP, Minneapolis, MN
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Allen J. Sorbo, Chief Actuary of United Healthcare Insurance Company, an affiliate of United Healthcare of New England, Inc. Hartford, CT ....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation:  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Non-material modifications were made to the United Health Group Code of Conduct in Q3 2013. ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |  |    |  |
|--|----|--|
| 20.11 To directors or other officers.....              | \$ |  |
| 20.12 To stockholders not officers.....                | \$ |  |
| 20.13 Trustees, supreme or grand (Fraternal Only)..... | \$ |  |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |  |    |  |
|--|----|--|
| 20.21 To directors or other officers.....              | \$ |  |
| 20.22 To stockholders not officers.....                | \$ |  |
| 20.23 Trustees, supreme or grand (Fraternal Only)..... | \$ |  |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- |                                 |    |  |
|---------------------------------|----|--|
| 21.21 Rented from others.....   | \$ |  |
| 21.22 Borrowed from others..... | \$ |  |
| 21.23 Leased from others.....   | \$ |  |
| 21.24 Other.....                | \$ |  |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- |   |    |  |
|---|----|--|
| 22.21 Amount paid as losses or risk adjustment \$ |    |  |
| 22.22 Amount paid as expenses.....                | \$ |  |
| 22.23 Other amounts paid.....                     | \$ |  |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$

### INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto  
.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
N/A .....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .... \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. .... \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
24.103 Total payable for securities lending reported on the liability page .....	\$ .....	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ..... Yes  No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ .....
25.22 Subject to reverse repurchase agreements .....	\$ .....
25.23 Subject to dollar repurchase agreements .....	\$ .....
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....
25.25 Pledged as collateral .....	\$ .....
25.26 Placed under option agreements .....	\$ .....
25.27 Letter stock or other securities restricted as to sale .....	\$ .....
25.28 On deposit with state or other regulatory body .....	\$ ..... 1,178,647
25.29 Other .....	\$ .....

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes  No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  N/A   
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes  No

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes  No

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust .....	50 S. LaSalle, Chicago, IL 60675 .....
Bank of New York Mellon .....	Global Liquidity Services, 1 Wall St. 14th Floor, New York, NY 10286 .....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes  No

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
107038 .....	JPMorgan Investment Management Inc. ....	245 Park Avenue, New York, NY 10167 .....
104518 .....	Deutsche Investment Management Americas Inc. ....	345 Park Avenue, New York, NY 10154 .....

## GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [  ]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	198,141,529	199,735,845	1,594,316
30.2 Preferred stocks .....	0	0	0
30.3 Totals	198,141,529	199,735,845	1,594,316

- 30.4 Describe the sources or methods utilized in determining the fair values:  
 For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from HUB which is an external data sources vendor. HUB utilizes various pricing sources. ....

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [  ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
<http://www.hubdata.com/HMDWeb/Logon.asp> .....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [  ] No [ ]
- 32.2 If no, list exceptions:  
 .....

## GENERAL INTERROGATORIES

### OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? .....\$ .....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only. .... \$ \_\_\_\_\_

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ \_\_\_\_\_

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ \_\_\_\_\_ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ \_\_\_\_\_ 0

1.62 Total incurred claims ..... \$ \_\_\_\_\_ 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ \_\_\_\_\_ 0

1.65 Total incurred claims ..... \$ \_\_\_\_\_ 0

1.66 Number of covered lives ..... 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$ \_\_\_\_\_ 0

1.72 Total incurred claims ..... \$ \_\_\_\_\_ 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ \_\_\_\_\_ 0

1.75 Total incurred claims ..... \$ \_\_\_\_\_ 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	586,343,618	570,245,539
2.2 Premium Denominator .....	586,343,618	570,245,539
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	77,373,534	77,553,999
2.5 Reserve Denominator .....	74,142,105	77,553,999
2.6 Reserve Ratio (2.4/2.5) .....	1.044	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ \_\_\_\_\_

5.32 Medical Only ..... \$ \_\_\_\_\_

5.33 Medicare Supplement ..... \$ \_\_\_\_\_

5.34 Dental & Vision ..... \$ \_\_\_\_\_

5.35 Other Limited Benefit Plan ..... \$ \_\_\_\_\_

5.36 Other ..... \$ \_\_\_\_\_

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
 .....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 29,391

8.2 Number of providers at end of reporting year ..... 31,226

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$ \_\_\_\_\_

9.22 Business with rate guarantees over 36 months ..... \$ \_\_\_\_\_

## GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [  ] No [  ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$	391,424
10.22 Amount actually paid for year bonuses.....	\$	188,084
10.23 Maximum amount payable withholds.....	\$	.....
10.24 Amount actually paid for year withholds.....	\$	.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
11.13 An Individual Practice Association (IPA), or, ..	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
11.14 A Mixed Model (combination of above)? .....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? ..... Yes [  ] No [  ]

11.3 If yes, show the name of the state requiring such net worth. .... Rhode Island

11.4 If yes, show the amount required. .... \$ 56,812,808

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [  ] No [  ]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
UnitedHealthcare of New England is licensed in all 5 Rhode Island Counties and all 14 Massachusetts Counties .....

13.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....

**FIVE-YEAR HISTORICAL DATA**

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	230,857,665	245,699,021	223,806,371	209,792,661	190,627,636
2. Total liabilities (Page 3, Line 24) .....	106,365,828	105,554,880	86,649,200	100,599,029	72,941,477
3. Statutory surplus .....	56,812,808	53,031,003	42,447,185	38,681,208	37,551,544
4. Total capital and surplus (Page 3, Line 33) .....	124,491,837	140,144,141	137,157,171	109,193,632	117,686,159
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	587,469,998	568,775,350	459,779,148	412,914,834	401,604,484
6. Total medical and hospital expenses (Line 18) .....	537,123,100	499,522,975	394,660,992	353,562,390	345,362,008
7. Claims adjustment expenses (Line 20) .....	21,334,840	16,339,965	13,044,430	19,189,611	8,406,411
8. Total administrative expenses (Line 21) .....	36,404,326	33,293,116	40,357,827	40,400,932	47,735,751
9. Net underwriting gain (loss) (Line 24) .....	(10,002,151)	19,325,166	32,052,899	(20,575,099)	100,314
10. Net investment gain (loss) (Line 27) .....	5,506,364	5,404,761	6,334,257	7,190,312	6,432,622
11. Total other income (Lines 28 plus 29) .....	279,638	(156,826)	(8,977)	3,656	4,361
12. Net income or (loss) (Line 32) .....	(2,841,188)	16,742,076	33,126,505	(14,928,392)	4,970,700
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(2,284,097)	21,279,316	20,729,078	15,741,832	849,159
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	124,491,837	140,144,141	137,157,171	109,193,632	117,686,159
15. Authorized control level risk-based capital .....	20,659,206	19,284,001	15,435,340	14,065,894	13,655,107
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	82,392	80,027	70,651	77,245	78,847
17. Total members months (Column 6, Line 7) .....	989,309	955,121	861,476	848,964	954,437
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	91.4	87.8	85.8	85.6	86.0
20. Cost containment expenses .....	1.8	1.8	2.0	3.5	0.8
21. Other claims adjustment expenses .....	1.8	1.1	0.9	1.1	1.3
22. Total underwriting deductions (Line 23) .....	101.7	96.6	93.0	105.0	100.0
23. Total underwriting gain (loss) (Line 24) .....	(1.7)	3.4	7.0	(5.0)	0.0
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	46,995,592	35,324,507	28,134,566	29,265,651	31,792,905
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	53,797,208	43,498,624	38,185,999	35,480,014	40,728,243
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....			0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0				
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....			0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: .....

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

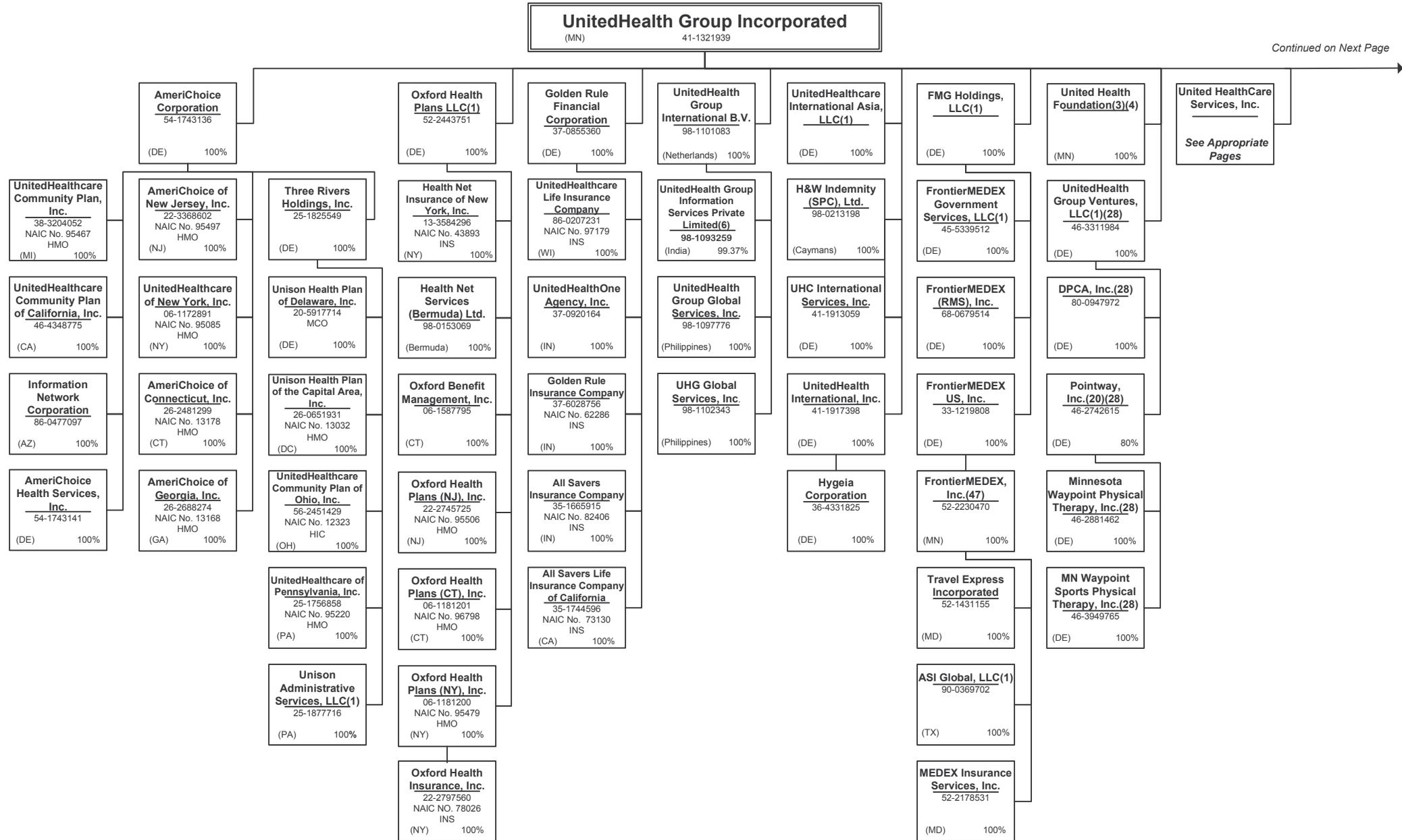
1 States, etc.	Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	L	(87,907)						(87,907)	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	L	10,920,654	327,828,654	256,554,945				595,304,253	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		10,832,747	327,828,654	256,554,945	0	0	0	595,216,346	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a)	2	10,832,747	327,828,654	256,554,945	0	0	0	595,216,346	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
 Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.  
 Premiums are allocated by state based on geographic market

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

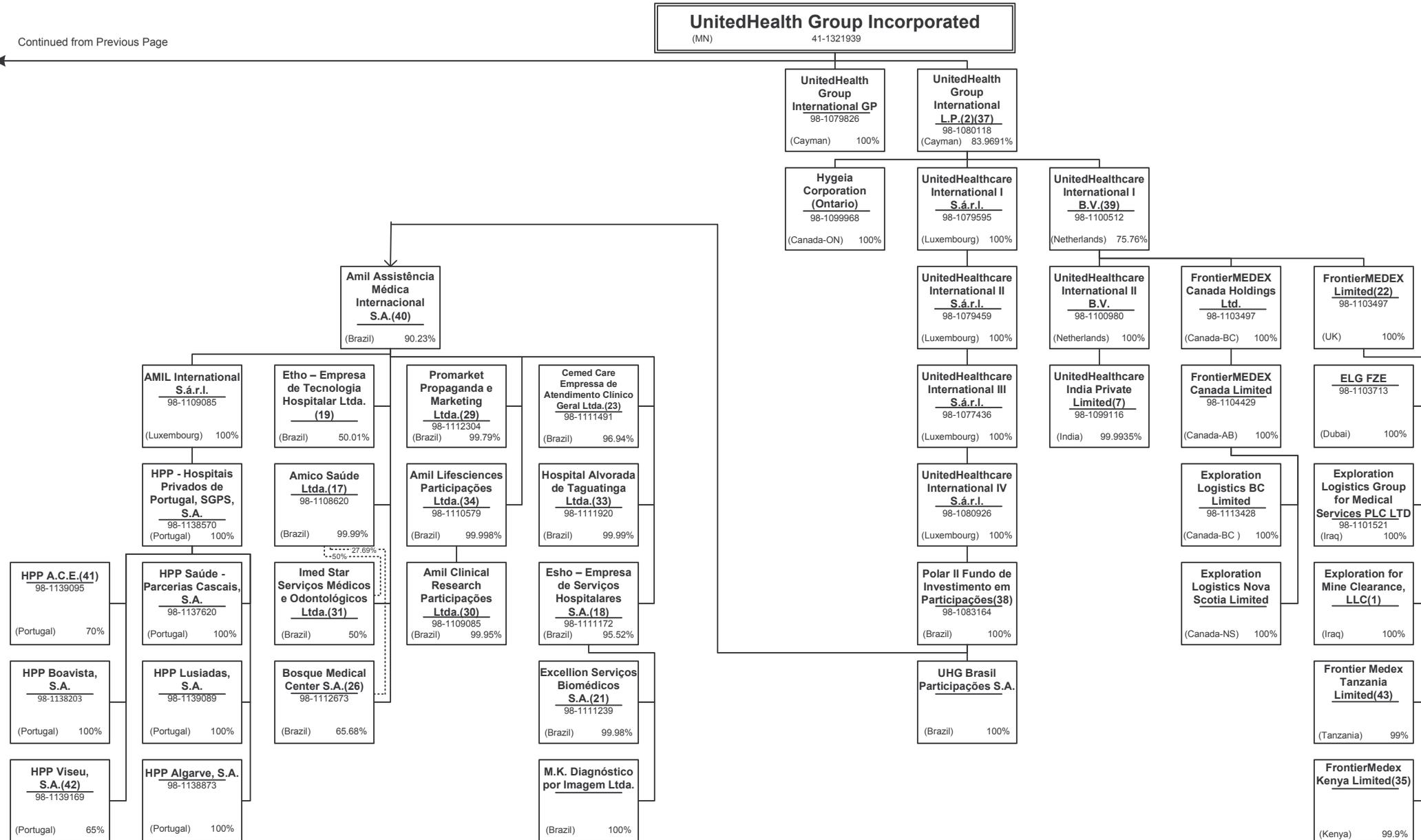


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**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

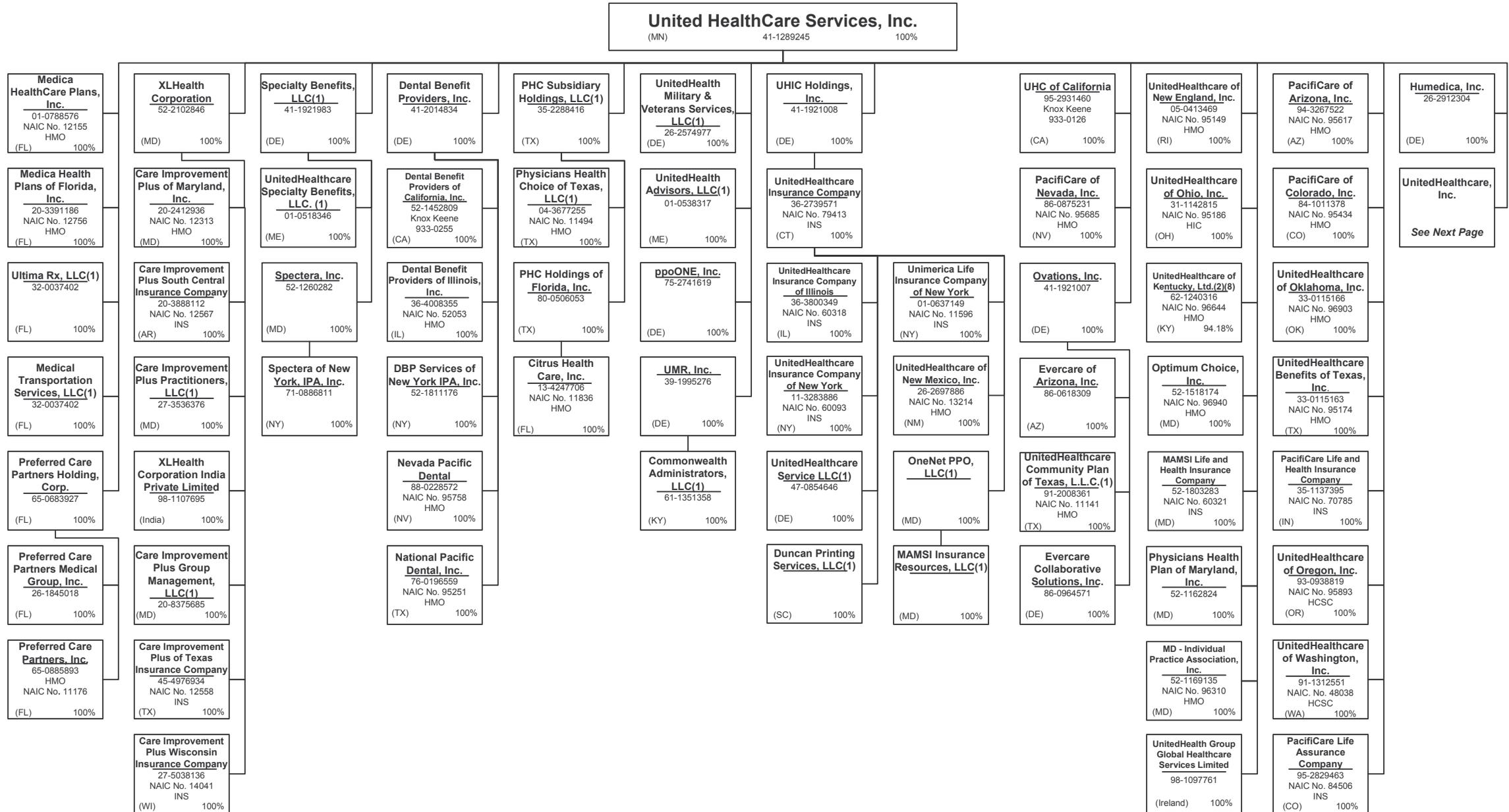
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40.1

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

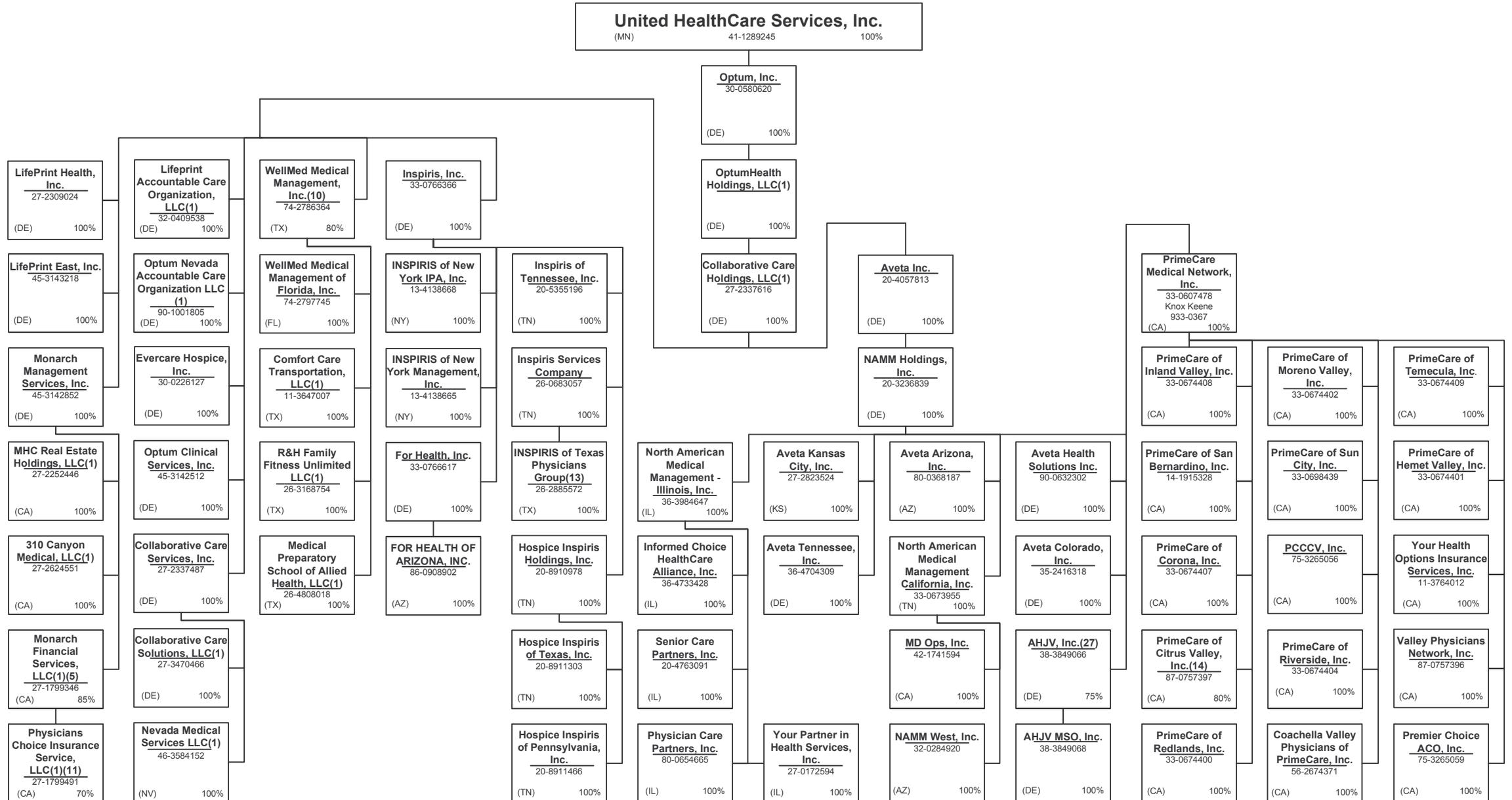


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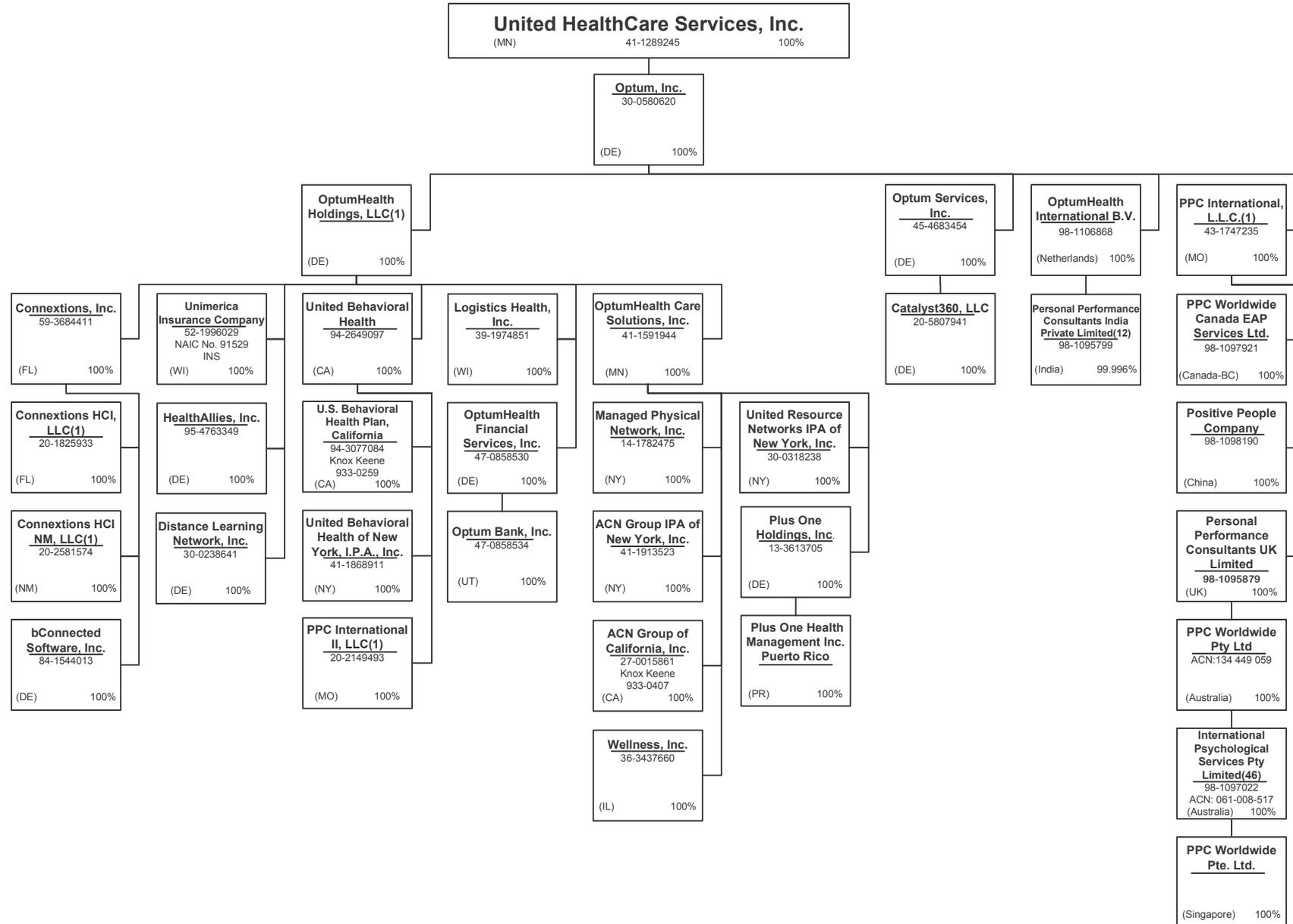
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**



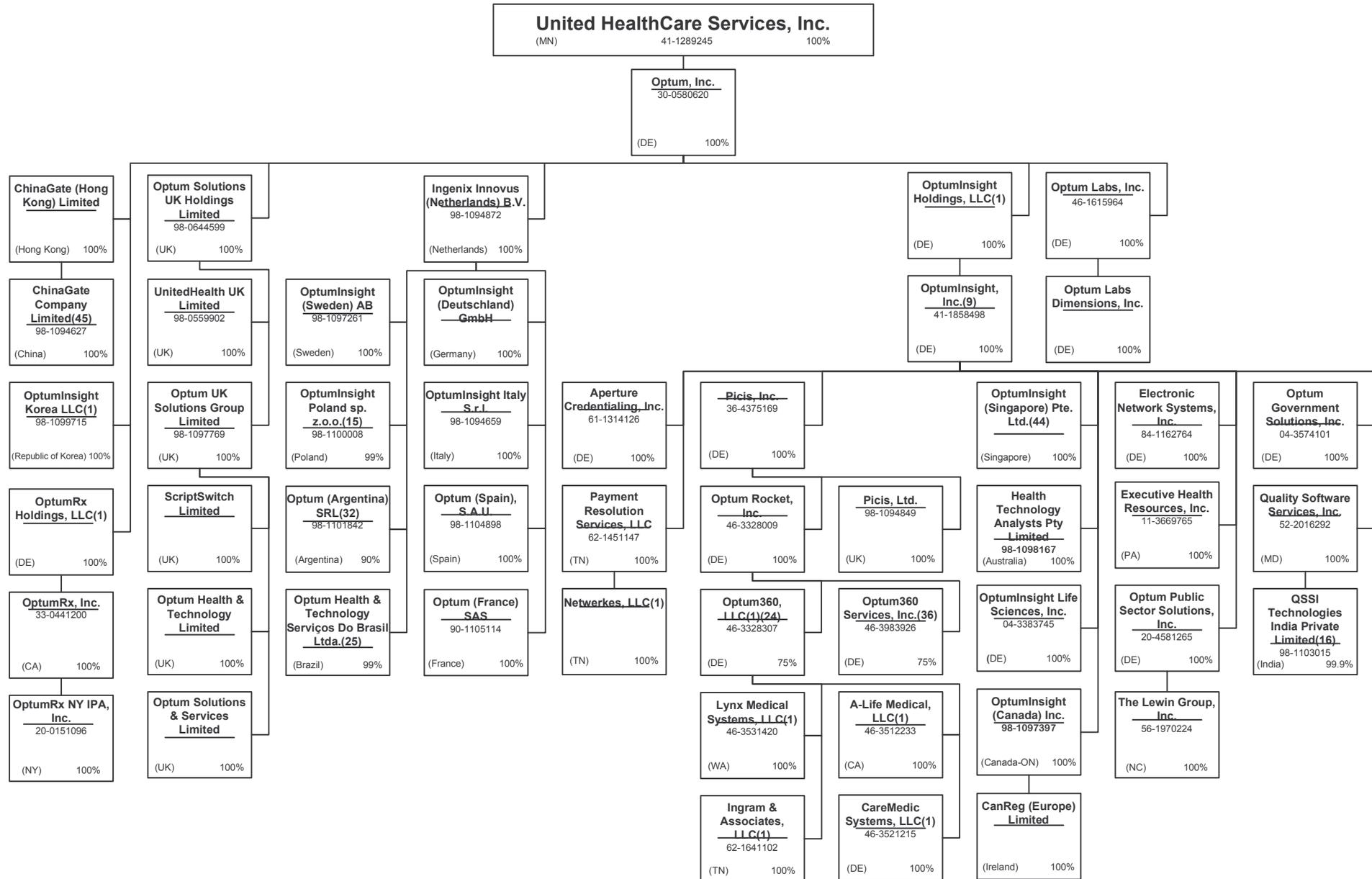
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**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.5

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



40.6

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

**Notes**

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) Monarch Financial Services, LLC is 85% owned by Monarch Management Services, Inc. and 15% owned by external shareholders.
- (6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.
- (7) United Healthcare India Private Limited is 99.9935% owned by UnitedHealthcare International II B.V. and 0.0048% owned by UnitedHealth International, Inc.
- (8) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (9) Branch office located in Abut Dhabi, UAE.
- (10) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by WMG Healthcare Partners, L.P.
- (11) Physicians Choice Insurance Service, LLC is 70% owned by Monarch Financial Services, LLC and 30% owned by external shareholders.
- (12) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.
- (13) INSPIRIS of Texas Physicians Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
- (14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
- (15) OptumInsight Poland sp. z.o.o. is 99% owned by Ingenix Innovus (Netherlands) B.V. The remaining 1% is owned by OptumInsight, Inc.
- (16) QSSI Technologies India Private Limited is 99.9% owned by Quality Software Services, Inc. and 0.1% owned by an Indian citizen.
- (17) Amico Saúde Ltda. is 99.99% owned by Amil Participações S.A. and the remaining percent is owner by and officer of Amil.

- (18) Esho – Empresa de Serviços Hospitalares S.A is 95.52% owned by Amil Assistência Médica Internacional S.A.; 2.84% owned by Amico Saúde Ltda.; 0.0001% owned by Treasury Shares and 1.62% owned by external shareholders.
- (19) Etho – Empresa de Tecnologia Hospitalar Ltda. 50.01% owned by Amil Assistência Médica Internacional S.A.and 49.99% owned by an external shareholder.
- (20) Waypoint Holdings is 80% owned by UnitedHealth Group Ventures, LLC and 20% owned by external shareholders.
- (21) Excellion Serviços Biomédicos S.A.is 99.98% owned by Esho – Empresa de Serviços Hospitalares S.A and 0.02% owned by external shareholders.
- (22) Branch offices in Iraq and Uganda.
- (23) Cemed Care Empresa de Atendimento Clínico Geral Ltda. Is 96.94% owned by Amil Assistência Médica Internacional S.A., 2.54% owned by Amico Saúde Ltd. and 0.53% owned by ASL Assistência a Saúde Ltda.
- (24) Optum 360, LLC is 75% owned by Optum Rocket, Inc. and 25% owned by an external interest holder.
- (25) Optum Health & Technology Serviços Do Brasil Ltda. is 99% owned by Ingenix Innovus (Netherlands) B.V. and 1 % owned by OptumInsight, Inc.
- (26) Bosque Medical Center S.A. is 65.68% owned by Amil Assistência Médica Internacional S.A.; 27.69% owned by Amico Saúde Ltd. and 6.64% owned by Esho – Empresa de Serviços Hospitalares S.A..
- (27) AHJV, Inc. is 75% owned by NAMM Holdings, Inc. and 25% owned by Humana, Inc.
- (28) Entity is majority-owned by UHG or one of its affiliates. Corporate secretarial services for this entity are the responsibility of the portfolio company.
- (29) Promarket Propaganda e Marketing Ltda.is 99.79% owned by Amil Assistência Médica Internacional S.A and 0.21% owned by Amico Saúde Ltd.
- (30) Amil Clinical Research Participações Ltda. is 99.95% owned by Amil Lifesciences Participações Ltda. and .05% owned by an officer of Amil.
- (31) Imed Star Serviços Médicos e Odontológicos Ltda.is 50% owned by Amil Assistência Médica Internacional S.A and 50% owned by Amico Saúde Ltd.
- (32) Optum Argentina is 90% owned by Ingenix Innovus (Netherlands) BV and 10% owned by ScriptSwitch Holdings Limited.
- (33) Hospital Alvorada Taguatinga Ltda. Is 99.99% owned by Amil Assistência Médica Internacional S.A. and the remaining percent is owned by an officer of Amil.
- (34) Amil Lifesciences Participações Ltda. Is 99.998% owned by Amil Assistência Médica Internacional S.A and the remaining 0.002% is owned by an officer of Amil.

- (35) FrontierMedex Kenya Limited is 99.9% owned by FronttierMEDEX Limited and 0.1% owned by a director of Frontier Medex Kenya Limited.
- (36) Optum360 Services, Inc. is 75% owned by Optum Rocket, Inc. and 25% owned by an external interest holder.
- (37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (15.8303%), Hygeia Corporation (DE) (0.2006%) and UnitedHealth Group Incorporated (83.9691%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P..
- (38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (39) UnitedHealthcare International I, B.V. is 75.76% owned by UnitedHealth Group International L.P. and 24.24% owned by UnitedHealth Group International B.V.
- (40) Amil Assistência Médica Internacional S.A. is 90.23% owned by Polar II Fundo de Investimento em Participações and the remaining 9.77% is owned by the former controlling shareholders of Amil Participações S.A.
- (41) HPP A.C.E. is 70% owned by HPP - Hospitais Privados de Portugal, SGPS, S.A. The remaining 30% is owned by (1) HPP Boavista, S.A.,(2) HPP Lusiadas, S.A., (3) HPP Algarve, S.A., (4) HPP Saúde - Parcerias Cascais, S.A., and (5) HPP Viseu, S.A.; each owning 6%.
- (42) HPP Viseu, S.A. is 65% owned by HPP - Hospitais Privados de Portugal, SGPS, S.A.. The remaining 35% is jointly owned VISABEIRA Saúde - Serviços de Saúde, S.A.,VISABEIRA Participações Financeiras, SGPS, S.A., VISABEIRA Investimentos Financeiros SGPS, S.A. and Ciclorama - Estudos, Projectos e Produções, Lda.
- (43) Frontier Medex Tanzania Limited is 99% owned by FrontierMEDEX Limited. The remaining 1% is owned by an officer of FrontierMEDEX Limited.
- (44) Branch office located in Taiwan
- (45) Liaison office located in Beijing.
- (46) Branch office located in Hong Kong.
- (47) Representative office in Beijing

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Miscellaneous Losses .....	(20)	(20)	24,905		24,865
2505. Professional Fees/Consulting .....	3,403	3,469	9,106		15,978
2506. Sundry General Expenses .....	1,268,779	1,293,289	3,394,263		5,956,331
2507. Reimbursement of Expenses from Reinsurers .....	(76,869)	(82,186)	(644,308)		(803,363)
2597. Summary of remaining write-ins for Line 25 from overflow page	1,195,293	1,214,552	2,783,966	0	5,193,811

## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14