60025201520100100

ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Express Scripts Insurance Company

NAIC Group Code.....4813, 4813 (Current Period) (Prior Period) NAIC Company Code..... 60025 Employer's ID Number..... 86-0754726

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

Licensed as Business Type.....Life, Accident & Health Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... February 23, 1994 Commenced Business..... February 23, 1994

Statutory Home Office	7909 South Hardy Drive….. Tempe ..... AZ ..... USA …. 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	7909 South Hardy Drive….. Tempe ..... AZ ..... USA …. 85284 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Mail Address	One Express Way, Mailstop HQ2-3-08….. St. Louis ..... MO ..... USA …. 63121 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	One Express Way, Mailstop HQ2-3-08….. St. Louis ..... MO ..... USA …. 63121 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-332-5455 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.express-scripts.com	
Statutory Statement Contact	Carey Merzlicker *(Name)*	1-800-332-5455 *(Area Code) (Telephone Number) (Extension)*
	cmerzlicker@express-scripts.com *(E-Mail Address)*	866-276-7055 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Britton Lloyd Pim	President & Chief Executive Officer	2. Martin Patrick Akins	Secretary
3. Christopher Knibb	Vice President & Chief Financial Officer	4. Tim Smith #	Vice President & Treasurer

OTHER

John Mimlitz	Vice President	Michael Looney	Assistant Secretary
Rodney Fahs	Assistant Secretary		

DIRECTORS OR TRUSTEES

Michael Looney, Christopher Knibb, David Queller, Britton Pim, Chris Macinski

State of..... Missouri
County of..... St. Louis

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

(Signature)	(Signature)	(Signature)
Britton Lloyd Pim	Martin Patrick Akins	Christopher Knibb
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Vice President & Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 24th day of February 2016

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

Christopher P. Fisher, Notary Public
St. Louis City, State of Missouri
My Commission Expires 10/24/2016
Commission Number 08408984

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)	1,573,064		1,573,064	1,576,229
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 (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....411,558,596, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....22,868,569, Schedule DA)	434,427,165		434,427,165	25,165,044
6. Contract loans (including $.....0 premium notes)			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	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	436,000,229	0	436,000,229	26,741,273
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	3,281		3,281	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,895,705	936,069	1,959,636	89,939
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	8,819,086	7,703,011	1,116,075	4,901,452
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	3,036,161		3,036,161	2,953,709
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	169,109,481
24. Health care ($.....38,754,942) and other amounts receivable	38,754,942		38,754,942	65,746,474
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	489,509,404	8,639,080	480,870,324	269,542,328
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	489,509,404	8,639,080	480,870,324	269,542,328
DETAILS OF WRITE-INS				
1101.			0	
1102.			0	
1103.			0	
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.			0	
2502.			0	
2503.			0	
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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	4,295,234		4,295,234	1,252,100
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	4,000		4,000	19,991
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance			0	
9.	General expenses due or accrued	1,934,710		1,934,710	760,754
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	22,066,336		22,066,336	19,507,988
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	128,406,605		128,406,605	
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized and $.....0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans	206,948,706		206,948,706	167,241,676
23.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	363,655,591	0	363,655,591	188,782,509
25.	Aggregate write-ins for special surplus funds	XXX	XXX	1,553,501	2,362,000
26.	Common capital stock	XXX	XXX	2,600,000	2,600,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	27,330,976	27,330,976
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	85,730,256	48,466,843
32.	Less treasury stock at cost:				
	32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	117,214,733	80,759,819
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	480,870,324	269,542,328

DETAILS OF WRITE-INS

2301.				0	
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	Health insurance Provider 2015 Fee	XXX	XXX	1,553,501	2,362,000
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	1,553,501	2,362,000
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	766,711	1,030,481
2. Net premium income (including $.....0 non-health premium income)	XXX	85,827,689	108,145,771
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
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	85,827,689	108,145,771
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		57,144,886	81,845,923
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)	0	57,144,886	81,845,923
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	0	57,144,886	81,845,923
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....0 cost containment expenses		3,800	3,800
21. General administrative expenses		(28,726,600)	(28,356,620)
22. Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)	0	28,422,086	53,493,103
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	57,405,603	54,652,668
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		63,417	8,943
26. Net realized capital gains or (losses) less capital gains tax of $.....0			
27. Net investment gains or (losses) (Lines 25 plus 26)	0	63,417	8,943
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]			
29. Aggregate write-ins for other income or expenses	0	0	0
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	57,469,020	54,661,611
31. Federal and foreign income taxes incurred	XXX	20,885,409	19,978,817
32. Net income (loss) (Lines 30 minus 31)	XXX	36,583,611	34,682,794

DETAILS OF WRITE-INS

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.			
2902.			
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	80,759,818	60,405,654
34. Net income or (loss) from Line 32	36,583,611	34,682,794
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	82,452	2,915,359
39. Change in nonadmitted assets	(211,148)	(8,427,932)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		10,000,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	0	(18,816,057)
48. Net change in capital and surplus (Lines 34 to 47)	36,454,915	20,354,164
49. Capital and surplus end of reporting period (Line 33 plus 48)	117,214,733	80,759,818

DETAILS OF WRITE-INS

4701. Independent Auditor's Adjustment as Stated in Audit including tax provision true-up		(18,816,057)
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	(18,816,057)

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	83,449,794	107,627,961
2.	Net investment income	60,715	10,667
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	83,510,509	107,638,628
5.	Benefit and loss related payments	54,101,752	80,849,423
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	(73,670,222)	(16,373,938)
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	18,327,060	18,134,221
10.	Total (Lines 5 through 9)	(1,241,410)	82,609,706
11.	Net cash from operations (Line 4 minus Line 10)	84,751,919	25,028,922
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	1,575,000	
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,575,000	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	1,572,416	
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,572,416	0
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	2,584	0
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		10,000,000
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	324,507,618	(35,850,922)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	324,507,618	(25,850,922)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	409,262,121	(822,000)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	25,165,044	25,987,044
	19.2 End of year (Line 18 plus Line 19.1)	434,427,165	25,165,044

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	85,827,689								85,827,689	
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 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)	85,827,689	0	0	0	0	0	0	0	85,827,689	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	57,144,886								57,144,886	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	0									XXX
15. Subtotal (Lines 8 to 14)	57,144,886	0	0	0	0	0	0	0	57,144,886	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	57,144,886	0	0	0	0	0	0	0	57,144,886	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	3,800								3,800	
20. General administrative expenses	(28,726,600)								(28,726,600)	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	28,422,086	0	0	0	0	0	0	0	28,422,086	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	57,405,603	0	0	0	0	0	0	0	57,405,603	0
DETAILS OF WRITE-INS										
0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	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. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (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)				0
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health	85,827,689			85,827,689
9. Health subtotal (Lines 1 through 8)	85,827,689	0	0	85,827,689
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	85,827,689	0	0	85,827,689

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	54,101,752								54,101,752	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	54,101,752	0	0	0	0	0	0	0	54,101,752	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	4,295,234								4,295,234	
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	4,295,234	0	0	0	0	0	0	0	4,295,234	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,252,100								1,252,100	
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	1,252,100	0	0	0	0	0	0	0	1,252,100	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	57,144,886	0	0	0	0	0	0	0	57,144,886	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	57,144,886	0	0	0	0	0	0	0	57,144,886	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	4,100,334								4,100,334	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,100,334	0	0	0	0	0	0	0	4,100,334	0
2. Incurred but unreported:										
2.1 Direct	194,900								194,900	
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	194,900	0	0	0	0	0	0	0	194,900	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	4,295,234	0	0	0	0	0	0	0	4,295,234	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	4,295,234	0	0	0	0	0	0	0	4,295,234	0

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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health	166,247	53,935,505		4,295,234	166,247	1,252,100
9. Health subtotal (Lines 1 to 8)	166,247	53,935,505	0	4,295,234	166,247	1,252,100
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9 - 10 + 11 + 12)	166,247	53,935,505	0	4,295,234	166,247	1,252,100

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	(27,199)	(27,487)	(20,391)	(10,533)	
2. 2011	43,963	63			
3. 2012	XXX	102,402	16		
4. 2013	XXX	XXX	139,573	581	
5. 2014	XXX	XXX	XXX	80,606	166
6. 2015	XXX	XXX	XXX	XXX	53,936

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	27,546			(20)	
2. 2011	44,030	63			
3. 2012	XXX	102,237	16		
4. 2013	XXX	XXX	139,678	581	
5. 2014	XXX	XXX	XXX	81,265	166
6. 2015	XXX	XXX	XXX	XXX	56,979

12.GT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011	44,774	44,026		0.0	44,026	98.3			44,026	98.3
2. 2012	84,078	102,418		0.0	102,418	121.8			102,418	121.8
3. 2013	172,251	140,154		0.0	140,154	81.4			140,154	81.4
4. 2014	108,146	80,772		0.0	80,772	74.7			80,772	74.7
5. 2015	85,828	53,936		0.0	53,936	62.8	4,295	4	58,235	67.9

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

12.XI

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011				0	0	0.0			0	0.0
2. 2012				0.0	0	0.0			0	0.0
3. 2013				0.0	0	0.0			0	0.0
4. 2014				0.0	0	0.0			0	0.0
5. 2015				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	(27,199)	(27,487)	(20,391)	(10,533)	
2. 2011	43,963	63			
3. 2012	XXX	102,402	16		
4. 2013	XXX	XXX	139,573	581	
5. 2014	XXX	XXX	XXX	80,606	166
6. 2015	XXX	XXX	XXX	XXX	53,936

SECTION B - INCURRED HEALTH CLAIMS - OTHER

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	27,546				
2. 2011	44,030	63			
3. 2012	XXX	102,237	16		
4. 2013	XXX	XXX	139,678	581	
5. 2014	XXX	XXX	XXX	81,265	166
6. 2015	XXX	XXX	XXX	XXX	56,979

12.OT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011	44,774	44,026		0.0	44,026	98.3			44,026	98.3
2. 2012	84,078	102,418		0.0	102,418	121.8			102,418	121.8
3. 2013	172,251	140,154		0.0	140,154	81.4			140,154	81.4
4. 2014	108,146	80,772		0.0	80,772	74.7			80,772	74.7
5. 2015	85,828	53,936		0.0	53,936	62.8	4,295	4	58,235	67.9

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $.....0) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
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.	0								
1102.	0								
1103.	0								
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 $.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)					0
2. Salaries, wages and other benefits					0
3. Commissions (less $.....0 ceded plus $.....0 assumed)					0
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			540,267		540,267
7. Traveling expenses					0
8. Marketing and advertising			1,653,975		1,653,975
9. Postage, express and telephone		-			0
10. Printing and office supplies			-		0
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			-		0
14. Outsourced services including EDP, claims, and other services		3,800	20,420,881		20,424,681
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges			882,146		882,146
18. Group service and administration fees			4,890,855		4,890,855
19. Reimbursements by uninsured plans			(60,443,817)		(60,443,817)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			990,477		990,477
23.2 State premium taxes			-		0
23.3 Regulatory authority licenses and fees			158,442		158,442
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			2,180,157		2,180,157
24. Investment expenses not included elsewhere			17		17
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	0	3,800	(28,726,600)	0	(a) (28,722,800)
27. Less expenses unpaid December 31, current year		4,000	1,934,710		1,938,710
28. Add expenses unpaid December 31, prior year		19,991	760,756		780,747
29. Amounts receivable relating to uninsured plans, prior year			12,901,513		12,901,513
30. Amounts receivable relating to uninsured plans, current year			8,819,086		8,819,086
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	19,791	(33,982,981)	0	(33,963,190)

DETAILS OF WRITE-INS

2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of $.....0 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 4,539	11,044
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
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) 52,373	52,373
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	56,912	63,417
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		63,417

DETAILS OF WRITE-INS

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 $.....648 accrual of discount less $.....1,229 amortization of premium and less $.....2,755 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
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 NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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
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	936,069	427,871	(508,198)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			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	7,703,011	8,000,061	297,050
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. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	8,639,080	8,427,932	(211,148)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	8,639,080	8,427,932	(211,148)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
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.			0
2502.			0
2503.			0
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)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health maintenance organizations						
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	261,189	65,308	64,969	64,077	64,183	766,711
7. Total	261,189	65,308	64,969	64,077	64,183	766,711

DETAILS OF WRITE-INS

0601. Other Health - Medicare Part D Prescription	261,189	65,308	64,969	64,077	64,183	766,711
0602.						
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)	261,189	65,308	64,969	64,077	64,183	766,711

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

1a. Accounting Practices

The financial statements of Express Scripts Insurance Company are presented on the basis of accounting practices prescribed or permitted by the State of Arizona Department of Insurance (the “Department”).

The State of Arizona Department of Insurance recognized only statutory accounting practices prescribed or permitted by the State of Arizona for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Arizona Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Arizona

1b. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual amounts could differ from those estimates.

1c. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs are charged to operations as incurred.

Asset values are stated as follows: Bonds are valued at amortized cost using the effective yield method. The Company has no preferred stock, common stock, mortgage loan investments or derivatives.

Pharmaceutical rebate receivables are calculated by multiplying rebatable prescription drugs by the manufacturer rebate amount.

Note 2 - Accounting Changes and Corrections of Errors

The Company recorded the effects of these adjustments in the Statement of Liabilities, Capital and Surplus in Line 31 Unassigned Funds (Surplus) and on the Statement of Revenue and Expenses Line 47, Column 2 Aggregate write-ins for gains or (losses) in surplus. Adjustments relate to amounts received from CMS for annual reconciliation of Low-Income Cost Sharing ("LICS"), reinsurance for fully-insured clients and low-income premium subsidies.

Note 3 - Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

Note 5 - Investments

Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 - Investment Income

Not applicable.

Note 8 - Derivative Instruments

Not applicable.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452

2. Admission Calculation Components

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	17,126,786	XXX	XXX	11,670,916	XXX	XXX	5,455,870
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 2. Total (2(a)+2(b)+2(c)	3,036,161		3,036,161	2,953,709		2,953,709	82,452		82,452

3. Other Admissibility Criteria

		2015	2014
a.	Ratio percentage used to determine recovery period and threshold limitation amount	6,435%	609%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	114,178,572	77,806,108

4. Impact of Tax Planning Strategies

	2015		2014		Difference	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1-3) Ordinary	6 (Col 2-4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1 Adjusted Gross DTAs amount from Note 9A1(c)	3,036,161		2,953,709		82,452	
2 Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3 Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	3,036,161		2,953,709		82,452	
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

c. Does the company's tax planning strategies include the use of reinsurance? No

B. Deferred Tax Liabilities Not Recognized

There are no unrecognized deferred tax liabilities.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2015	2 2014	3 (Col 1-2) Change
a. Federal	20,854,141	19,508,048	1,346,093
b. Foreign			
c. Subtotal	20,854,141	19,508,048	1,346,093
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other	31,268	470,769	(439,501)
g. Federal and Foreign income taxes incurred	20,885,409	19,978,817	906,592

2. Deferred Tax Assets

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	12,483	3,932	8,551
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted	3,023,678	2,949,777	73,901
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	3,036,161	2,953,709	82,452
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	3,036,161	2,953,709	82,452
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	3,036,161	2,953,709	82,452

3. Deferred Tax Liabilities

	1 2015	2 2014	3 (Col 1–2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax assets)			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
3. Other (including items <5% of total capital tax assets)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)			

4.

Net Deferred Tax Assets (2i – 3c)	3,036,161	2,953,709	82,452

Note 9 - Income Taxes (continued):

Deferred Tax Assets – Ordinary
09C2(a)(13)

13 Other (items <5% of total ordinary deferred tax assets)			
Other (items >= 5% of total ordinary deferred tax assets):			
14			
15			
16			
17			
18			
19			
98 Subtotal Items >= 5% of total ordinary deferred tax assets			
99 Total			

Deferred Tax Assets – Capital
09C2(a)(04)

04 Other (items <5% of total capital deferred tax assets)			
Other (items >= 5% of total capital deferred tax assets):			
05			
06			
07			
08			
09			
10			
98 Subtotal Items >= 5% of total capital deferred tax assets			
99 Total			

Deferred Tax Liabilities – Ordinary
09C2(a)(05)

05 Other (items <5% of total ordianary deferred tax liabilities)			
Other (items >= 5% of total ordinary deferred tax liabilities):			
06			
07			
08			
09			
10			
11			
98 Subtotal Items >= 5% of total ordinary deferred tax liabilities			
99 Total			

Deferred Tax Liabilities – Capital
09C2(a)(03)

03 Other (items <5% of total capital deferred tax liabilities)			
Other (items >= 5% of total capital deferred tax liabilities):			
04			
05			
06			
07			
08			
09			
98 Subtotal Items >= 5% of total capital deferred tax liabilities			
99 Total			

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	2015	
	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	20,114,157	35.0
Proration of tax exempt investment income		0.0
Tax exempt income deduction		0.0
Dividends received deduction		0.0
Disallowed travel and entertainment		0.0
Other permanent differences	762,701	1.3
Temporary Differences:		
Total ordinary DTAs	(73,901)	(0.1)
Total ordinary DTLs		0.0
Total capital DTAs		0.0
Total capital DTLs		0.0
Other:		
Statutory valuation allowance adjustment		0.0
Accrual adjustment – prior year		0.0
Other		0.0
Totals	20,802,957	36.2
Federal and foreign income taxes incurred	20,885,409	36.3
Realized capital gains (losses) tax		0.0
Change in net deferred income taxes	(82,452)	(0.1)
Total statutory income taxes	20,802,957	36.2

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

1. At December 31, 2015, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

2. The following is income tax expense for 2015 and 2014 that is available for recoupment in the event of future net losses:

Year	Amount
2015	20,854,141
2014	19,508,048

3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Accredo Care Network, Inc.	Home Healthcare Resources, Inc.
Accredo Health Group, Inc.	IBIOLogic, Inc.
Accredo Health, Inc.	Ivtx, Inc.
AHG of New York, Inc.	Lynnfield Compounding Center, Inc.
Biopartners in Care, Inc.	Lynnfield Drug, Inc.
Byfield Drug, Inc.	MAH Pharmacy, LLC.
Care Continuum, Inc.	Medco Containment Life Insurance Company
CFI of New Jersey, Inc.	Medco Health Puerto Rico, LLC.
Chesapeake Infusion, Inc.	Medco Health Services, Inc.
Curascript PBM Services, Inc.	Medco Health Solutions, Inc.
Curascript, Inc.	Mooresville On-Site Pharmacy, LLC.
Diversified NY IPA, Inc.	MWD Insurance Company
Diversified Pharmaceutical Services, Inc.	National Prescription Administrators, Inc.
ESI Acquisition Company	National Rx Services No. 3, Inc. of Ohio
ESI Claims, Inc.	NPA of New York IPA, Inc.
ESI Mail Order Processing, Inc.	Priority Healthcare Corp
ESI Mail Pharmacy Service, Inc.	Priority Healthcare Corp West
ESI-GP Holdings, Inc.	Priority Healthcare Distribution, Inc.
Express Reinsurance Company	Priority Healthcare Pharmacy, Inc.
Express Scripts Canada Holding Co.	Priority Healthcare.com, Inc.
Express Scripts Holding Company (Parent)	Sinuspharmacy, Inc.
Express Scripts Insurance Co.	Specialty Infusion Pharmacy, Inc.
Express Scripts Pharmaceutical Procurement, LLC.	Spectracare Health Care Ventures, Inc.
Express Scripts Pharmacy, Inc.	Spectracare Infusion Pharmacy, Inc.
Express Scripts Senior Care Holdings, Inc.	Spectracare, Inc.
Express Scripts Senior Care, Inc.	Strategic Pharmaceutical Investments
Express Scripts Services Co.	Therapease Cuisine, Inc.
Express Scripts Specialty Distribution Services, Inc.	TVC Acquisition Co, Inc.
Express Scripts Utilization Management Co.	UBC Late Stage, Inc.
Express Scripts WC, Inc.	United Biosource Holdings, Inc.
Express Scripts, Inc.	United Biosource Patient Solutions, Inc.
Freco, Inc.	Value Health, Inc.
Healthbridge Reimbursement & Product Support, Inc.	Yourpharmacy.com, Inc.
Healthbridge, Inc.	

2. The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Company didn't pay any dividends to the Parent Company for the period ended December 31, 2015.

B. During June 2014, the parent company, Express Scripts Senior Care Holdings, Inc., forgave $10,000,000 owed by Express Scripts Insurance Company ("The Company"). The state of Domicile (Arizona) approved this transaction which was completed to increase capital and surplus to raise the RBC level ensure a high RBC level.

C. All outstanding shares of Express Scripts Insurance Company are owned by Express Scripts Senior Care Holding, Inc. which is wholly owned by the ultimate parent company, Express Scripts, Inc. On April 2, 2012, Express Scripts Holding Company, a publicly traded company, acquired one hundred percent (100%) of the outstanding stock of Express Scripts, Inc. and its wholly owned subsidiaries and Medco Health Solutions, Inc. and its wholly owned subsidiaries. Only the ownership of the publicly traded stock of the ultimate parent company has changed.

Note 11 - Debt

Not applicable.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. The Company has authorized 10,000,000 shares of common stock with a par value of $1 authorized, and 2,600,000 issued and outstanding as of December 31, 2015. On September 30, 2008, The Company issued 1,500,000 in additional common stock to the parent which also resulted in a change in paid in capital of $2,200,000. The purpose of the issuance of additional stock and paid in capital increase was to meet the requirements set forth in various state expansion application guidelines.

B. The Company does not have any preferred stock outstanding.

C. All shares issued are common shares fully owned by Express Scripts Senior Care Holding, Inc., an entity 100% owned by the ultimate parent company, Express Scripts, Inc. On April 2, 2012, Express Scripts Holding Company, a publicly traded company, acquired one hundred percent (100%) of the outstanding stock of Express Scripts, Inc. and its wholly owned subsidiaries and Medco Health Solutions, Inc. and its wholly owned subsidiaries. Only the ownership of the publicly traded stock of the ultimate parent company has changed.

D. See *Note 22 - Events Subsequent* for full disclosure of segregated surplus.

Note 14 - Contingencies

Not applicable.

Note 15 - Leases

Not applicable.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

The Company provides administrative services for self-insured EGWPs, for which it received administrative fees of $60,443,818 for the twelve months ended December 31, 2015, $59,980,828 for the twelve months ended December 31, 2014 and $52,117,991 for the twelve months ended December 31, 2013. These administrative fees are netted within general administrative expenses in accordance with SSAP No. 3.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20 - Fair Value

Not applicable.

Note 21 – Other Items

Not applicable.

Note 22 - Events Subsequent

Type I - Recognized Subsequent Events - Not applicable.

Type II - Nonrecognized Subsequent Events:

A. Health Insurance Provider Fee

On January 1, 2016, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1st of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be $1,553,501. This amount is reflected in special surplus. This assessment is expected to impact risk based capital by -1.33%. Reporting the ACA assessment as of December 31, 2015 would not have triggered an RBC action level.

		Current Year		Prior Year
B. ACA fee assessment payable for the upcoming year		$1,553,501		
C. ACA fee assessment paid				$2,350,000
D. Premium written subject to ACA 9010 assessment		$85,827,689		$120,106,019
E. Total Adjusted Capital before surplus adjustment		$117,214,733		
Authorized Control Level before surplus adjustment		$1,774,302		
F. Total Adjusted Capital after surplus adjustment		$115,661,232		
G. Authorized Control Level after surplus adjustment		$1,774,302		

H. Would reporting the ACA assessment as of December 31, 2015 triggered an RBC action level (YES/NO)? NO

Note 23 - Reinsurance

Not applicable.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

The Company processes claims under its Medicare Part D Plan. Claims are reported when incurred through the use of a pharmacy benefit manager. Potential adjustments to claim expense could result from "self-pay" claims in which members pay for a claim and then submit the claim to the Company for reimbursement. Adjustments could also result from faulty member enrollment data.

Note 26 - Intercompany Pooling Arrangements

Not applicable.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserves

Not applicable.

Note 31 - Anticipated Salvage and Subrogation

Not applicable.

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? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [X] No [ ]

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? Arizona

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. 12/31/2013

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. 12/31/2013

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). 06/09/2013

3.4 By what department or departments?
State of Arizona Department of Insurance

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 name of 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 Name of Entity	2 NAIC Company Code	3 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(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with 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 [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers,800 Market Street, Suite 1900, St. Louis, Mo 63101-2695

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 other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A 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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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?
Milliman Inc. Brookfield, WI 53005 Brett Swanson

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 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCES 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 [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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).

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 subordinator committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors an all subordinator 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 or is likely to 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 $ 0

20.12 To stockholders not officers $ 0

20.13 Trustees, supreme or grand (Fraternal only) $ 0

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 $ 0

20.22 To stockholders not officers $ 0

20.23 Trustees, supreme or grand (Fraternal only) $ 0

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 reporting 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 $ 0

21.22 Borrowed from others $ 0

21.23 Leased from others $ 0

21.24 Other $ 0

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 $ 0

22.22 Amount paid as expenses $ 0

22.23 Other amounts paid $ 0

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: $ 0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01 Were all of 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).

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. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs $ 0

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]

24.10 For the reporting entity's security lending program, state the amount of the following as of 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 current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [ ] No [X]

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

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 0
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) 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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
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 [X]

27.2 If yes, state the amount thereof at December of the current year: $ 0

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 [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America	Private Wealth Management, 200 W Capitol Ave., 3rd Fl., Little Rock, AR 72201-3605
JPMorgan Chase Bank	Illinois Market, PO Box 260180, Baton Rouge, LA 70826-0180
US Bank	Wachovia Blds., 1W 4th Street, 7th Fl, Winston-Salem, NC 27101
Citibank	111 Wall Street, New York, NY 10043
Wells Fargo	San Francisco, CA

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 [X]

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Central Registration Depository	2 Name(s)	3 Address

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 [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

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 Holdings	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	24,441,633	24,434,217	(7,416)
30.2	Preferred Stocks	0	0	0
30.3	Totals	24,441,633	24,434,217	(7,416)

30.4 Describe the sources or methods utilized in determining fair values:

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 [X]

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 [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

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 represented25% 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.	$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$	0
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.	$	0
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	$ 85,827,689	$ 108,145,771
2.2	Premium Denominator	$ 85,827,689	$ 108,145,771
2.3	Premium Ratio (2.1/2.2)	$ 100.000	$ 100.000
2.4	Reserve Numerator	$ 4,387,934	$ 1,252,100
2.5	Reserve Denominator	$ 4,295,234	$ 1,252,100
2.6	Reserve Ratio (2.4/2.5)	$ 102.158	$ 100.000

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 [ ] No [X]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [X]
5.2	If no, explain:	
5.3	Maximum retained risk (see instructions)	
5.31	Comprehensive Medical	$ 0
5.32	Medical Only	$ 0
5.33	Medicare Supplement	$ 0
5.34	Dental and Vision	$ 0
5.35	Other Limited Benefit Plan	$ 0
5.36	Other	$ 0
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 [ ] No [X]
7.2	If no, give details	

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:

8.1	Number of providers at start of reporting year	0
8.2	Number of providers at end of reporting year	0

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 with rate guarantees between 15-36 months	$	0
9.22	Business with rate guarantees over 36 months	$	0
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?	Yes [ ]	No [X]
10.2	If yes:		
10.21	Maximum amount payable bonuses	$	0
10.22	Amount actually paid for year bonuses	$	0
10.23	Maximum amount payable withholds	$	0
10.24	Amount actually paid for year withholds	$	0
11.1	Is the reporting entity organized as:		
11.12	A Medical Group/Staff Model,	Yes [ ]	No [X]
11.13	An Individual Practice Association (IPA), or,	Yes [ ]	No [X]
11.14	A Mixed Model (combination of above)?	Yes [ ]	No [X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?	Yes [ ]	No [X]
11.3	If yes, show the name of the state requiring such minimum capital and surplus.		
11.4	If yes, show the amount required.	$	0
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?	Yes [ ]	No [X]
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

13.1	Do you act as a custodian for health savings accounts?		Yes [ ]	No [X]
13.2	If yes, please provide the amount of custodial funds held as of the reporting date.	$		0
13.3	Do you act as an administrator for health savings accounts?		Yes [ ]	No [X]
13.4	If yes, please provide the balance of the funds administered as of the reporting date.	$		0
14.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?		Yes [ ] No [ ]	N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		$	$	$	$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1	Direct Premium Written	$	0
15.2	Total Incurred Claims	$	0
15.3	Number of Covered Lives		0

***Ordinary Life Insurance Includes**
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	480,870,324	269,542,328	240,256,441	80,589,512	31,820,437
2. Total liabilities (Page 3, Line 24)	363,655,591	188,782,509	179,850,786	62,607,359	13,655,409
3. Statutory minimum capital and surplus requirement					
4. Total capital and surplus (Page 3, Line 33)	117,214,733	80,759,819	60,405,655	17,982,153	18,165,028
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	85,827,689	108,145,771	172,250,624	84,078,224	44,773,898
6. Total medical and hospital expenses (Line 18)	57,144,886	81,845,923	139,693,835	102,299,814	44,317,947
7. Claims adjustment expenses (Line 20)	3,800	3,800	4,300	3,000	6,300
8. Total administrative expenses (Line 21)	(28,726,600)	(28,356,620)	(15,463,362)	(17,966,261)	(7,016,161)
9. Net underwriting gain (loss) (Line 24)	57,405,603	54,652,668	48,015,851	(258,329)	7,465,812
10. Net investment gain (loss) (Line 27)	63,417	8,943	3,743	5,219	51,163
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	36,583,611	34,682,795	31,332,225	(189,077)	4,908,648
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	84,751,919	25,028,922	85,622,325	35,922,302	10,598,538
Risk-Based Capital Analysis					
14. Total adjusted capital	117,214,733	83,990,486	60,405,655	17,982,153	18,165,028
15. Authorized control level risk-based capital	1,772,774	9,520,494	12,771,264	9,359,377	4,588,389
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	64,183	261,189	243,440	153,524	21,359
17. Total member months (Column 6, Line 7)	766,711	1,030,481	988,132	598,486	245,224
Operating Percentage (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 (Line 18 plus Line 19)	66.6	75.7	81.1	121.7	99.0
20. Cost containment expenses					
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	33.1	49.5	72.1	100.3	83.3
23. Total underwriting gain (loss) (Line 24)	66.9	50.5	27.9	(0.3)	16.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	166,247	836,075	16,161	63,315	287,717
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	1,252,100	592,300	151,000	316,200	249,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
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

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	L	2,701,248						2,701,248	
2. Alaska AK	L	18,747						18,747	
3. Arizona AZ	L	915,054						915,054	
4. Arkansas AR	L	195,014						195,014	
5. California CA	L	4,889,213						4,889,213	
6. Colorado CO	L	290,707						290,707	
7. Connecticut CT	L	479,285						479,285	
8. Delaware DE	L	794,622						794,622	
9. District of Columbia DC	L	37,426						37,426	
10. Florida FL	E	3,969,714						3,969,714	
11. Georgia GA	L	996,935						996,935	
12. Hawaii HI	L	13,623						13,623	
13. Idaho ID	L	123,736						123,736	
14. Illinois IL	L	5,121,097						5,121,097	
15. Indiana IN	L	8,870,284						8,870,284	
16. Iowa IA	L	165,315						165,315	
17. Kansas KS	L	96,416						96,416	
18. Kentucky KY	L	691,636						691,636	
19. Louisiana LA	L	415,086						415,086	
20. Maine ME	E	165,830						165,830	
21. Maryland MD	L	689,214						689,214	
22. Massachusetts MA	L	1,217,332						1,217,332	
23. Michigan MI	L	5,895,536						5,895,536	
24. Minnesota MN	L	1,554,289						1,554,289	
25. Mississippi MS	L	327,616						327,616	
26. Missouri MO	L	819,888						819,888	
27. Montana MT	L	396,717						396,717	
28. Nebraska NE	L	179,647						179,647	
29. Nevada NV	L	252,121						252,121	
30. New Hampshire NH	L	2,592,276						2,592,276	
31. New Jersey NJ	L	3,414,070						3,414,070	
32. New Mexico NM	L	1,293,134						1,293,134	
33. New York NY	L	5,220,355						5,220,355	
34. North Carolina NC	L	1,248,810						1,248,810	
35. North Dakota ND	L	13,210						13,210	
36. Ohio OH	L	4,460,850						4,460,850	
37. Oklahoma OK	L	203,558						203,558	
38. Oregon OR	L	187,709						187,709	
39. Pennsylvania PA	L	8,995,337						8,995,337	
40. Rhode Island RI	L	38,647						38,647	
41. South Carolina SC	L	1,151,690						1,151,690	
42. South Dakota SD	L	31,579						31,579	
43. Tennessee TN	L	875,086						875,086	
44. Texas TX	L	4,339,195						4,339,195	
45. Utah UT	L	1,130,310						1,130,310	
46. Vermont VT	L	126,222						126,222	
47. Virginia VA	L	2,151,714						2,151,714	
48. Washington WA	L	626,673						626,673	
49. West Virginia WV	L	221,316						221,316	
50. Wisconsin WI	L	5,081,360						5,081,360	
51. Wyoming WY	E	124,761						124,761	
52. American Samoa AS	N	-						0	
53. Guam GU	N	-						0	
54. Puerto Rico PR	E	16,479						16,479	
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	85,827,689	0	0	0	0	0	85,827,689	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 48	85,827,689	0	0	0	0	0	85,827,689	0
DETAILS OF WRITE-INS									
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998)		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.

Premiums are allocated by states based on the permanent residence state of members.

(a) Insert the number of L responses except for Canada and Other Alien.

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

PART 1 - ORGANIZATIONAL CHART

Name	EIN	State	NAIC CODE
Express Scripts Holding Company, Inc.	45-2884094	DE	
Express Scripts, Inc.	43-1420563	DE	
Express Scripts Senior Care Holdings, Inc.	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
Express Scripts Insurance Co.	86-0754726	AZ	60025
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Singapore Pte. Ltd.		Singapore	
ESI Singapore II Pte. Ltd.		Singapore	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE	
Express Scripts Utilization Management Co.	43-1869714	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Pharmaceutical Procurement LLC (50% Direct ownership, 50% Indirect ownership)	20-5826948	DE	
Econdisc Contracting Solutions, LLC (90% Direct ownership)	27-3542089	DE	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Mooresville On-Site Pharmacy, LLC	26-1102625	DE	
CFI of New Jersey, Inc.	22-3114423	NJ	
Express Scripts Services Co.	43-1832983	DE	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI-GP Holdings, Inc.	43-1925556	DE	
ESI Partnership (82% Direct ownership, 18% Indirect ownership)	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
Healthbridge Inc.	26-2159005	DE	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corp	35-1927379	IN	
Priority Healthcare Corp West	88-0445494	NV	
Matrix GPO, LLC	51-0500147	IN	
Freco, Inc.	02-0523249	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
Care Continuum, Inc.	61-1162797	KY	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA	
Strategic Pharmaceutical Investments, LLC	47-2568932	DE	
Naryx Pharma, Inc.		CA	
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co. (NSULC)	98-0650775/ CN9	Canada	
ESI-GP Canada ULC (NSULC)	CN 98-0358791	Canada	
ESI Canada (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)	CN 98-0358792	Canada	
ESI-GP2 Canada ULC (NSULC)		Canada	
Express Scripts Canada Wholesale (99.9% direct, 0.1% indirect)		Canada	
Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)		Canada	
Express Scripts Pharmacy Atlantic, Ltd.		Canada	
Express Scripts Pharmacy Central, Ltd.		Canada	
Express Scripts Pharmacy West, Ltd.		Canada	
Express Scripts Pharmacy Ontario Ltd. (Ontario Corp.)		Canada	
Express Scripts Canada Holding LLC	27-1490640	DE	
National Prescription Administrators, Inc.	22-2230703	NJ	
NPA of New York IPA, Inc.	22-3694894	NY	
Airport Holdings, LLC	75-3040465	NJ	
ESI Realty, LLC	75-3040456	NJ	
SureScripts, LLC (16.67%)		VA	
Medco Health Solutions, Inc.	22-3461740	DE	
MWD Insurance Company	20-4625634	NY	
Accredo Health, Inc.	55-0894449	DE	
AHG of New York, Inc. (f/k/a Pharmacare Resources, Inc)	13-3888838	NY	
Accredo Health Group, Inc.	11-3358535	DE	
Biopartners in Care, Inc.	43-1815573	MO	
Medco Health NY Independent Practice Association LLC	22-3572956	NY	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Quality Diabetes Care Coalition, LLC (50% Direct ownership)	26-2625350	DC	
United Biosource Holdings, Inc.	46-3047667	DE	
United BioSource LLC	80-0077029	DE	
The Vaccine Consortium LLC	20-5454871	MD	
United BioSource Holding (Canada) Company		Canada	
United BioSource (HCA Canada) Company		Canada	
UBC Late Stage, Inc.	43-1083790	MO	
United BioSource (Suisse) SA		Switzerland	
United BioSource Holding (UK) Limited	98-0595336	UK	
United BioSource Corporation S.L.		Spain	
UBC Late Stage (UK) Limited		UK	
United BioSource (Germany) GmbH		Germany	
United BioSource Patient Solutions, Inc. (F/k/a Proherant Health, Inc.)	20-3419132	DE	
Medco Europe, LLC	46-2166374	DE	
MHS Holdings, CV (99.99% Direct ownership, 0.01% Indirect ownership)	27-3741831	Netherlands	
Medco International Holdings, BV (f/k/a Medco Int'l, BV)	99-0362031	Netherlands	
Medco Europe II, LLC	27-3709630	DE	
Medco Health Solutions (Ireland) Limited		Ireland	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy Inc.	30-0789911	DE	
Medco of Willingboro Urban Renewal, LLC	22-3811751	NJ	
Systemed, LLC	22-3474888	DE	
MAH Pharmacy, LLC	27-1506930	DE	

Medco CDUR, LLC		DE	
Medco Continuation Health, LLC		DE	
Medco Health Solutions of Illinois, LLC		DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of New York	13-3506395	NY	34720
SureScripts, LLC (16.67%)		VA	

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HEALTH ANNUAL STATEMENT BLANK