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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
Cement & Concrete Workers District Council Welfare Fund	44,795	44,990	44,990	954,898	954,898	134,775
US Steel (Steelworkers Union Groups Only)	1,629,018	-	-	(61,937)	(61,937)	1,629,018
0299997. Group subscribers subtotal	1,673,813	44,990	44,990	892,961	892,961	1,763,793
0299998. Premiums due and unpaid not individually listed	185,048	6,917	3,878	43,108	43,108	195,843
0299999. Total group	1,858,861	51,907	48,868	936,069	936,069	1,959,636
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	1,858,861	51,907	48,868	936,069	936,069	1,959,636

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts Senior Care Holdings, Inc.	11,058,515					11,058,515
0199999. Total Pharmaceutical Rebate Receivables	11,058,515	0	0	0	0	11,058,515
Claim Overpayment Receivables						
Various	85,677					85,677
0299999. Total Claim Overpayment Receivables	85,677	0	0	0	0	85,677
Risk Sharing Receivables						
Various	27,609,000					27,609,000
0599999. Total Risk Sharing Receivables	27,609,000	0	0	0	0	27,609,000
Other Receivables						
Various	1,750					1,750
0699999. Total Other Receivables	1,750	0	0	0	0	1,750
0799999. Gross Health Care Receivables	38,754,942	0	0	0	0	38,754,942

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	36,306,168	48,408,871		11,058,515	36,306,168	
2. Claim overpayment receivables				85,677	0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables	39,066,000	-		27,609,000	39,066,000	
6. Other health care receivables				1,750	0	
7. Totals (Lines 1 through 6)	75,372,168	48,408,871	0	38,754,942	75,372,168	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered	4,100,334					4,100,334
0499999. Subtotals	4,100,334	0	0	0	0	4,100,334
0599999. Unreported claim and other claim reserves						194,900
0799999. Total claims unpaid						4,295,234

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Express Scripts Senior Care holdings, Inc.	PBM Services	128,406,605	128,406,605	
0199999. Individually listed payables		128,406,605	128,406,605	0
0399999. Total gross payables		128,406,605	128,406,605	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	54,101,752	100.0	XXX	XXX	54,101,752	
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	54,101,752	100.0	XXX	XXX	54,101,752	0
13. Total (Line 4 plus Line 12)	54,101,752	100.0	XXX	XXX	54,101,752	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

30.AK

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	12									12
3. Second quarter	12									12
4. Third quarter	12									12
5. Current year	11									11
6. Current year member months	141									141
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	18,747									18,747
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	18,747									18,747
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	9,949									9,949
18. Amount incurred for provision of health care services	10,509									10,509

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	2,858									2,858
3. Second quarter	2,856									2,856
4. Third quarter	2,792									2,792
5. Current year	2,773									2,773
6. Current year member months	33,551									33,551
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,701,248									2,701,248
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,701,248									2,701,248
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,367,473									2,367,473
18. Amount incurred for provision of health care services	2,500,640									2,500,640

30.AL

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	658									658
3. Second quarter	645									645
4. Third quarter	641									641
5. Current year	649									649
6. Current year member months	7,720									7,720
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	915,054									915,054
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	915,054									915,054
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	558,157									558,157
18. Amount incurred for provision of health care services	589,553									589,553

30.AR

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	175									175
3. Second quarter	184									184
4. Third quarter	170									170
5. Current year	166									166
6. Current year member months	2,062									2,062
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	211,493									211,493
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	211,493									211,493
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	132,095									132,095
18. Amount incurred for provision of health care services	139,525									139,525

30.AZ

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 0 5 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	10,675									10,675
2. First quarter	2,721									2,721
3. Second quarter	2,806									2,806
4. Third quarter	2,801									2,801
5. Current year	2,818									2,818
6. Current year member months	31,944									31,944
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	4,889,213									4,889,213
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,889,213									4,889,213
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,254,078									2,254,078
18. Amount incurred for provision of health care services	2,380,866									2,380,866

30.CA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	232									232
3. Second quarter	240									240
4. Third quarter	233									233
5. Current year	236									236
6. Current year member months	2,728									2,728
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	290,707									290,707
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	290,707									290,707
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	192,497									192,497
18. Amount incurred for provision of health care services	203,325									203,325

30.CO

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	8,540									8,540
2. First quarter	299									299
3. Second quarter	300									300
4. Third quarter	294									294
5. Current year	287									287
6. Current year member months	3,508									3,508
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	479,285									479,285
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	479,285									479,285
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	247,536									247,536
18. Amount incurred for provision of health care services	261,460									261,460

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	3,558									3,558
2. First quarter	21									21
3. Second quarter	23									23
4. Third quarter	21									21
5. Current year	20									20
6. Current year member months	250									250
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	37,426									37,426
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	37,426									37,426
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	17,641									17,641
18. Amount incurred for provision of health care services	18,633									18,633

30.DC

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,423									1,423
2. First quarter	545									545
3. Second quarter	534									534
4. Third quarter	528									528
5. Current year	536									536
6. Current year member months	6,399									6,399
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	794,622									794,622
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	794,622									794,622
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	451,535									451,535
18. Amount incurred for provision of health care services	476,933									476,933

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,135									2,135
2. First quarter	2,791									2,791
3. Second quarter	2,718									2,718
4. Third quarter	2,710									2,710
5. Current year	2,757									2,757
6. Current year member months	32,767									32,767
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	3,969,714									3,969,714
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,969,714									3,969,714
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,312,152									2,312,152
18. Amount incurred for provision of health care services	2,442,206									2,442,206

30.FL

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	4,982									4,982
2. First quarter	685									685
3. Second quarter	689									689
4. Third quarter	682									682
5. Current year	681									681
6. Current year member months	8,041									8,041
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	996,935									996,935
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	996,935									996,935
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	567,400									567,400
18. Amount incurred for provision of health care services	599,316									599,316

30.GA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	261,189									261,189
2. First quarter	65,308									65,308
3. Second quarter	64,969									64,969
4. Third quarter	64,077									64,077
5. Current year	64,183									64,183
6. Current year member months	766,711									766,711
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	85,827,689									85,827,689
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	85,827,689									85,827,689
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	54,101,752									54,101,752
18. Amount incurred for provision of health care services	57,144,886									57,144,886

30.GT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	10									10
3. Second quarter	10									10
4. Third quarter	9									9
5. Current year	10									10
6. Current year member months	121									121
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	13,623									13,623
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	13,623									13,623
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	8,538									8,538
18. Amount incurred for provision of health care services	9,018									9,018

30.HI

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	108									108
3. Second quarter	106									106
4. Third quarter	107									107
5. Current year	107									107
6. Current year member months	1,270									1,270
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	165,315									165,315
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	165,315									165,315
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	89,616									89,616
18. Amount incurred for provision of health care services	94,656									94,656

30.IA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	84									84
3. Second quarter	90									90
4. Third quarter	85									85
5. Current year	85									85
6. Current year member months	988									988
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	123,736									123,736
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	123,736									123,736
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	69,717									69,717
18. Amount incurred for provision of health care services	73,638									73,638

30.ID

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	39,143									39,143
2. First quarter	3,951									3,951
3. Second quarter	3,941									3,941
4. Third quarter	3,906									3,906
5. Current year	3,893									3,893
6. Current year member months	46,384									46,384
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,121,097									5,121,097
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,121,097									5,121,097
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,273,014									3,273,014
18. Amount incurred for provision of health care services	3,457,115									3,457,115

30.IL

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,829									7,829
2. First quarter	8,538									8,538
3. Second quarter	8,485									8,485
4. Third quarter	8,325									8,325
5. Current year	8,352									8,352
6. Current year member months	100,203									100,203
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	8,870,284									8,870,284
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	8,870,284									8,870,284
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	7,070,667									7,070,667
18. Amount incurred for provision of health care services	7,468,380									7,468,380

30.IN

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	64									64
3. Second quarter	65									65
4. Third quarter	62									62
5. Current year	62									62
6. Current year member months	754									754
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	96,416									96,416
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	96,416									96,416
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	53,205									53,205
18. Amount incurred for provision of health care services	56,198									56,198

30.KS

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	523									523
3. Second quarter	519									519
4. Third quarter	507									507
5. Current year	508									508
6. Current year member months	6,141									6,141
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	691,636									691,636
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	691,636									691,636
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	433,330									433,330
18. Amount incurred for provision of health care services	457,704									457,704

30.KY

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	294									294
3. Second quarter	290									290
4. Third quarter	271									271
5. Current year	326									326
6. Current year member months	3,447									3,447
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	415,086									415,086
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	415,086									415,086
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	243,232									243,232
18. Amount incurred for provision of health care services	256,914									256,914

30.LA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,117									7,117
2. First quarter	826									826
3. Second quarter	820									820
4. Third quarter	808									808
5. Current year	881									881
6. Current year member months	9,700									9,700
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,217,332									1,217,332
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,217,332									1,217,332
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	684,465									684,465
18. Amount incurred for provision of health care services	722,965									722,965

30.MA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,135									2,135
2. First quarter	469									469
3. Second quarter	457									457
4. Third quarter	453									453
5. Current year	465									465
6. Current year member months	5,510									5,510
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	689,214									689,214
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	689,214									689,214
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	388,804									388,804
18. Amount incurred for provision of health care services	410,674									410,674

30.MD

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	119									119
3. Second quarter	125									125
4. Third quarter	120									120
5. Current year	117									117
6. Current year member months	1,393									1,393
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	165,830									165,830
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	165,830									165,830
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	98,295									98,295
18. Amount incurred for provision of health care services	103,824									103,824

30.ME

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	59,782									59,782
2. First quarter	3,596									3,596
3. Second quarter	3,589									3,589
4. Third quarter	3,537									3,537
5. Current year	3,537									3,537
6. Current year member months	42,216									42,216
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,895,536									5,895,536
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,895,536									5,895,536
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,978,905									2,978,905
18. Amount incurred for provision of health care services	3,146,464									3,146,464

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	1,656									1,656
3. Second quarter	1,648									1,648
4. Third quarter	1,624									1,624
5. Current year	1,626									1,626
6. Current year member months	19,438									19,438
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,554,289									1,554,289
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,554,289									1,554,289
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,371,612									1,371,612
18. Amount incurred for provision of health care services	1,448,763									1,448,763

30.MN

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	6,405									6,405
2. First quarter	589									589
3. Second quarter	587									587
4. Third quarter	579									579
5. Current year	572									572
6. Current year member months	6,920									6,920
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	819,888									819,888
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	819,888									819,888
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	488,299									488,299
18. Amount incurred for provision of health care services	515,765									515,765

30.MO

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	295									295
3. Second quarter	293									293
4. Third quarter	290									290
5. Current year	284									284
6. Current year member months	3,467									3,467
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	327,616									327,616
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	327,616									327,616
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	244,643									244,643
18. Amount incurred for provision of health care services	258,404									258,404

30.MS

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	291									291
3. Second quarter	290									290
4. Third quarter	287									287
5. Current year	284									284
6. Current year member months	3,418									3,418
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	396,717									396,717
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	396,717									396,717
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	241,186									241,186
18. Amount incurred for provision of health care services	254,752									254,752

30.MT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,117									7,117
2. First quarter	878									878
3. Second quarter	873									873
4. Third quarter	862									862
5. Current year	848									848
6. Current year member months	10,307									10,307
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,248,810									1,248,810
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,248,810									1,248,810
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	727,297									727,297
18. Amount incurred for provision of health care services	768,206									768,206

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR (Location)

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	9									9
3. Second quarter	9									9
4. Third quarter	8									8
5. Current year	8									8
6. Current year member months	109									109
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	13,210									13,210
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	13,210									13,210
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	7,691									7,691
18. Amount incurred for provision of health care services	8,124									8,124

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	115									115
3. Second quarter	112									112
4. Third quarter	113									113
5. Current year	114									114
6. Current year member months	1,354									1,354
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	179,647									179,647
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	179,647									179,647
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	95,543									95,543
18. Amount incurred for provision of health care services	100,917									100,917

30.NE

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	2,023									2,023
3. Second quarter	2,018									2,018
4. Third quarter	1,999									1,999
5. Current year	2,014									2,014
6. Current year member months	23,747									23,747
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,592,276									2,592,276
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,592,276									2,592,276
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,675,670									1,675,670
18. Amount incurred for provision of health care services	1,769,923									1,769,923

30.NH

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR (Location)

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	3,558									3,558
2. First quarter	2,134									2,134
3. Second quarter	2,115									2,115
4. Third quarter	2,009									2,009
5. Current year	1,993									1,993
6. Current year member months	25,054									25,054
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	3,414,070									3,414,070
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,414,070									3,414,070
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,767,896									1,767,896
18. Amount incurred for provision of health care services	1,867,337									1,867,337

30.NJ

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	1,306									1,306
3. Second quarter	1,297									1,297
4. Third quarter	1,292									1,292
5. Current year	1,321									1,321
6. Current year member months	15,327									15,327
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,293,134									1,293,134
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,293,134									1,293,134
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,081,526									1,081,526
18. Amount incurred for provision of health care services	1,142,360									1,142,360

30.NM

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	187									187
3. Second quarter	184									184
4. Third quarter	183									183
5. Current year	185									185
6. Current year member months	2,191									2,191
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	252,121									252,121
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	252,121									252,121
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	154,604									154,604
18. Amount incurred for provision of health care services	163,301									163,301

30.NV

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	25,620									25,620
2. First quarter	2,913									2,913
3. Second quarter	2,945									2,945
4. Third quarter	2,935									2,935
5. Current year	2,911									2,911
6. Current year member months	34,195									34,195
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,220,355									5,220,355
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,220,355									5,220,355
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,412,916									2,412,916
18. Amount incurred for provision of health care services	2,548,639									2,548,639

30.NY

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	7,829									7,829
2. First quarter	3,816									3,816
3. Second quarter	3,747									3,747
4. Third quarter	3,714									3,714
5. Current year	3,701									3,701
6. Current year member months	44,803									44,803
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	4,460,850									4,460,850
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,460,850									4,460,850
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,161,453									3,161,453
18. Amount incurred for provision of health care services	3,339,280									3,339,280

30.OH

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	146									146
3. Second quarter	152									152
4. Third quarter	145									145
5. Current year	140									140
6. Current year member months	1,712									1,712
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	203,558									203,558
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	203,558									203,558
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	120,805									120,805
18. Amount incurred for provision of health care services	127,600									127,600

30.OK

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

30.OR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,423									1,423
2. First quarter	130									130
3. Second quarter	141									141
4. Third quarter	135									135
5. Current year	136									136
6. Current year member months	1,525									1,525
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	187,709									187,709
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	187,709									187,709
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	107,609									107,609
18. Amount incurred for provision of health care services	113,662									113,662

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	6,405									6,405
2. First quarter	7,878									7,878
3. Second quarter	7,719									7,719
4. Third quarter	7,666									7,666
5. Current year	7,618									7,618
6. Current year member months	92,487									92,487
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	8,995,337									8,995,337
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	8,995,337									8,995,337
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,526,199									6,526,199
18. Amount incurred for provision of health care services	6,893,287									6,893,287

30.PA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 0 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR (Location)

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,423									1,423
2. First quarter	25									25
3. Second quarter	23									23
4. Third quarter	23									23
5. Current year	24									24
6. Current year member months	289									289
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	38,647									38,647
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	38,647									38,647
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	20,393									20,393
18. Amount incurred for provision of health care services	21,540									21,540

30.RI

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 1 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....4813

NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,135									2,135
2. First quarter	777									777
3. Second quarter	778									778
4. Third quarter	770									770
5. Current year	773									773
6. Current year member months	9,125									9,125
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,151,690									1,151,690
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,151,690									1,151,690
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	643,891									643,891
18. Amount incurred for provision of health care services	680,109									680,109

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 2 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	20									20
3. Second quarter	20									20
4. Third quarter	20									20
5. Current year	18									18
6. Current year member months	237									237
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	31,579									31,579
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	31,579									31,579
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	16,724									16,724
18. Amount incurred for provision of health care services	17,664									17,664

30.SD

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 3 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,423									1,423
2. First quarter	644									644
3. Second quarter	642									642
4. Third quarter	628									628
5. Current year	619									619
6. Current year member months	7,558									7,558
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	875,086									875,086
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	875,086									875,086
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	533,318									533,318
18. Amount incurred for provision of health care services	563,317									563,317

30.TN

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813

NAIC Company Code.....60025

30.TX

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	18,504									18,504
2. First quarter	3,407									3,407
3. Second quarter	3,393									3,393
4. Third quarter	3,370									3,370
5. Current year	3,421									3,421
6. Current year member months	39,999									39,999
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	4,339,195									4,339,195
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,339,195									4,339,195
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,822,466									2,822,466
18. Amount incurred for provision of health care services	2,981,225									2,981,225

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 5 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	1,211									1,211
3. Second quarter	1,207									1,207
4. Third quarter	1,174									1,174
5. Current year	1,148									1,148
6. Current year member months	14,221									14,221
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	1,130,310									1,130,310
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,130,310									1,130,310
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,003,482									1,003,482
18. Amount incurred for provision of health care services	1,059,927									1,059,927

30.UT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 4 7 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	5,693									5,693
2. First quarter	1,239									1,239
3. Second quarter	1,235									1,235
4. Third quarter	1,215									1,215
5. Current year	1,217									1,217
6. Current year member months	14,550									14,550
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	2,151,714									2,151,714
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,151,714									2,151,714
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,026,698									1,026,698
18. Amount incurred for provision of health care services	1,084,448									1,084,448

30.VA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	84									84
3. Second quarter	82									82
4. Third quarter	82									82
5. Current year	84									84
6. Current year member months	982									982
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	126,222									126,222
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	126,222									126,222
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	69,293									69,293
18. Amount incurred for provision of health care services	73,191									73,191

30.VT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,423									1,423
2. First quarter	405									405
3. Second quarter	407									407
4. Third quarter	399									399
5. Current year	399									399
6. Current year member months	4,760									4,760
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	626,673									626,673
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	626,673									626,673
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	335,882									335,882
18. Amount incurred for provision of health care services	354,775									354,775

30.WA

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

* 6 0 0 2 5 2 0 1 5 4 3 0 5 0 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	18,504									18,504
2. First quarter	3,276									3,276
3. Second quarter	3,262									3,262
4. Third quarter	3,211									3,211
5. Current year	3,181									3,181
6. Current year member months	38,463									38,463
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	5,081,360									5,081,360
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,081,360									5,081,360
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,714,081									2,714,081
18. Amount incurred for provision of health care services	2,866,743									2,866,743

30.WI

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	162									162
3. Second quarter	162									162
4. Third quarter	157									157
5. Current year	156									156
6. Current year member months	1,904									1,904
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	221,316									221,316
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	221,316									221,316
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	134,353									134,353
18. Amount incurred for provision of health care services	141,910									141,910

30.WV

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Express Scripts Insurance Company 2. Tempe, AZ

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

NAIC Group Code.....4813 NAIC Company Code.....60025

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	712									712
2. First quarter	113									113
3. Second quarter	124									124
4. Third quarter	113									113
5. Current year	111									111
6. Current year member months	1,331									1,331
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	124,761									124,761
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	124,761									124,761
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	93,921									93,921
18. Amount incurred for provision of health care services	99,201									99,201

30.WY

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	436,000,229		436,000,229
2.	Accident and health premiums due and unpaid (Line 15)	1,959,636		1,959,636
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	42,910,459		42,910,459
6.	Totals assets (Line 28)	480,870,324	0	480,870,324
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	4,295,234		4,295,234
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	359,360,357		359,360,357
15.	Total liabilities (Line 24)	363,655,591	0	363,655,591
16.	Total capital and surplus (Line 33)	117,214,733	XXX	117,214,733
17.	Total liabilities, capital and surplus (Line 34)	480,870,324	0	480,870,324
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			75-3040465..				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.				
			45-2884094..		1532063	Nasdaq Stock Exchange	Express Scripts Holding Company, Inc.	DE	UIP	N/A - STOCK IS PUBLICLY HELD.				
			22-3114423..				CFI of New Jersey, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.				
			36-4369972..				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.				
			16-1526641..				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.				
			41-1627938..				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.				
			27-3542089..				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC				
			CN 98-03587[illegible]				ESI Canada	CAN	NIA	Express Scripts Canada Co.				
			74-2974964..				ESI Mail Order Processing, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1867735..				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1925562..				ESI Partnership	DE	NIA	Express Scripts, Inc.				
			30-0789911..				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.				
			75-3040456..				ESI Realty, LLC	NJ	NIA	Express Scripts, Inc.				
			41-2006555..				ESI Resources, Inc.	MN	NIA	ESI Partnership				
							ESI Singapore II Pte., Ltd.	SGP	NIA	ESI Singapore Pte., Ltd.				
							ESI Singapore Pte., Ltd.	SGP	NIA	Express Scripts, Inc.				
			CN 98-03587[illegible]				ESI-GP Canada ULC	CAN	NIA	Express Scripts Canada Co.				
							ESI-GP2 Canada ULC	CAN	NIA	C44 Express Scripts Canada Co.				
		13918...	27-3175443..				Express Reinsurance Company	MO	IA	Express Scripts, Inc.				
			98-0650775/ [illegible]				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.				
			43-1942542..				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.				
			27-1490640..				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.				
							Express Scripts Canada Services	CAN	NIA	C44 Express Scripts Canada Co., ESI-GP2 Canada ULC				
							Express Scripts Canada Wholesale	CAN	NIA	C44 Express Scripts Canada Co., ESI-GP2 Canada ULC				
4813	Express Scripts Holding Grp.	60025...	86-0754726..				Express Scripts Insurance Company	AZ	RE	Express Scripts Senior Care Holdings, Inc.				
			20-5826948..				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. Express Scripts, Inc.				
							Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services				
							Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services				
			43-1832983..				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.				
			20-3126104..				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.				

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			20-3126075..				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.				
			43-1869712..				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.				
			43-1869714..				Express Scripts Utilization Management Company.	DE	NIA	Express Scripts, Inc.				
			43-1420563..				Express Scripts, Inc.	DE	IA	Express Scripts Holding Co.				
			26-2159005..				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.				
			26-1102625..				Mooresville On-Site Pharmacy, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc.				
			22-2230703..				National Prescription Administrators, Inc.	NJ	NIA	Express Scripts, Inc.				
			22-3694894..				NPA of New York IPA, Inc.	NY	NIA	National Prescription Administrators, Inc.				
			61-1162797..				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.				
			02-0523249..				Freco, Inc.	FL	NIA	Priority Healthcare Corp.				
			20-3229217..				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.				
			04-2992335..				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corp.				
			58-2593075..				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corp.				
			04-3546044..				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corp.				
			51-0500147..				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corp.				
			35-1927379..				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.				
			88-0445494..				Priority Healthcare Corp West	NV	NIA	Priority Healthcare Corp.				
			59-3761140..				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp.				
			47-2658932..				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp.				
			61-1317695..				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.				
			61-1147068..				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp.				
			11-3358535..				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Inc.				
			55-0894449..				Accredo Health, Inc.	DE	NIA	Medco Health Solutions, Inc.				
			13-3888838..				AHG of New York, Inc.	NY	NIA	Accredo Health, Inc.				
			43-1815573..				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Inc.				
			27-1506930..				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.				
							Medco CDUR, LLC	DE	NIA	Medco Health Solutions, Inc.				
4813	Express Scripts Holding Grp.	34720	13-3506395..				Medco Containment Insurance Company of New York	NY	IA	Medco Health Solutions, Inc.				
4813	Express Scripts Holding Grp.	63762	42-1425239..				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.				
							Medco Continuation Health, LLC	DE	NIA	Medco Health Solutions, Inc.				
			27-3709630..				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC				
			46-2166374..				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.				
			22-3572956..				Medco Health New York Independent Practice Association, LLC	NY	NIA	Medco Health Solutions, Inc.				

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			81-0616525..				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.				
			26-3544786..				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.				
							Medco Health Solutions [Ireland] Limited	GBR	NIA	Medco Europe, LLC				
							Medco Health Solutions of Illinois, LLC	DE	NIA	Medco Health Solutions, Inc.				
			22-3461740..				Medco Health Solutions, Inc.	DE	NIA	Express Scripts Holding Co.				
			41-2063830..				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.				
			99-0362031..				Medco International Holdings, BV	NLD	NIA	MHS Holdings, CV				
			22-3811751..				Medco of Willingboro Urban Renewal, LLC	NJ	NIA	Medco Health Solutions of Willingboro, LLC				
			27-3741831..				MHS Holdings, CV	NLD	NIA	Medco Europe II, LLC, Medco Europe, LLC				
			20-4625634..				MWD Insurance Company	NY	NIA	Medco Health Solutions, Inc.				
			26-2625350..				Quality Diabetes Care Coalition, LLC (42.42%)	DC	NIA	Medco Health Solutions, Inc.				
			22-3474888..				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.				
			20-5454871..				The Vaccine Consortium, LLC	MD	NIA	TVC Acquisition Co., Inc.				
							UBC Late Stage (UK) Limited	GBR	NIA	United BioSource Holding (UK) Limited				
			43-1083790..				UBC Late Stage, Inc.	MO	NIA	United BioSource Holdings, Inc.				
							United BioSource (Germany) GmbH	DEU	NIA	United BioSource Holding (UK) Limited				
							United BioSource (HCA Canada) Company	CAN	NIA	United BioSource Holding (Canada) Company				
							United BioSource (Suisse) SA	CHE	NIA	United BioSource Holdings, Inc.				
			46-3047667..				United BioSource Holdings, Inc.	DE	NIA	Medco Health Solutions, Inc.				
			80-0077029..				United BioSource LLC	DE	NIA	Medco Health Solutions, Inc.				
							United BioSource Corporation, S.L.	GBR	NIA	United BioSource Holding (UK) Limited				
							United BioSource Holding (Canada) Company	CAN	NIA	United BioSource Holdings, Inc.				
			98-0595336..				United BioSource Holding (UK) Limited	GBR	NIA	United BioSource Holdings, Inc.				
			20-3419132..				United BioSource Patient Solutions, Inc.	DE	NIA	United BioSource Holdings, Inc.				
			43-1925556..				ESI-GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.				
							SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%				
							Naryx Pharma Inc.	CA	NIA	Priority Healthcare Corp.				

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
.....	20-3126104.....	Express Scripts Senior Care Holdings, Inc.....	.....	.....	.....	.....	150,461,070	.....	.....	.....	150,461,070	.....
60025.....	86-0754726.....	Express Scripts Insurance Company.....	.....	.....	.....	.....	.....(150,461,070)	.....	.....	.....	.....(150,461,070)	.....
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

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7.

8.

9.

10.

11. The data for this supplement is not required to be filed.

12. The data for this supplement is not required to be filed.

13. The data for this supplement is not required to be filed.

14.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

17.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20. The data for this supplement is not required to be filed.

21. The data for this supplement is not required to be filed.

22. The data for this supplement is not required to be filed.

23. The data for this supplement is not required to be filed.

24.

25.

26.

Overflow Page
NONE

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NONE

* 6 0 0 2 5 2 0 1 5 3 6 5 0 0 1 0 0 *

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code....4813 (To Be Filed By March 1) NAIC Company Code.....60025

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage		XXX	85,827,689	XXX	85,827,689
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	0	XXX	85,827,689	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	0	XXX	85,827,689	XXX	85,827,689
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage		XXX	54,103,752	XXX	54,103,752
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage		XXX	3,135,834	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	0	XXX	57,239,586	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	57,239,586	XXX	54,103,752
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid		XXX	(25,450,178)	XXX	(25,450,178)
15. Expenses Incurred		XXX	(28,782,800)	XXX	XXX
16. Underwriting Gain/Loss	0	XXX	57,370,903	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	57,174,115

2015 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK