

# **ANNUAL STATEMENT**

**OF THE**

**First Medical Health Plan , Inc.**

**Of**

**Guaynabo**

**in the state of PR**

**Puerto Rico**

**to the Office of the Insurance Commissioner**

**of the state of PR**

For the Year Ended

December 31, 2021

**2021**



# ANNUAL STATEMENT

For the Year Ended December 31, 2021  
of the Condition and Affairs of the

## First Medical Health Plan , Inc.

NAIC Group Code..... 00, 0 (Current Period) (Prior Period) NAIC Company Code..... 95722 Employer's ID Number..... 66-0537624

Organized under the Laws of Puerto Rico State of Domicile or Port of Entry Puerto Rico Country of Domicile USA

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 1, 1977 Commenced Business..... March 27, 1977

Statutory Home Office 530 Marginal Buchanan .. Guaynabo .. PR .. USA .. 00966  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 530 Marginal Buchanan .. Guaynabo .. PR .. USA .. 00966 787-474-3999  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 191580 .. San Juan .. PR .. USA .. 00919-1580  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 530 Marginal Buchanan .. Guaynabo .. PR .. USA .. 00966 787-474-3999  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.firstmedicalpr.com

Statutory Statement Contact José A. Pagán 787-474-3999  
(Name) (Area Code) (Telephone Number) (Extension)  
j.pagan@firstmedicalpr.com 787-474-3998  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Francisco J. Artau	President	2. Juan L. Domínguez	Treasurer
3. José A. Pagán	Sub-Treasurer	4. Carmen Feliciano	Secretary

### OTHER

### DIRECTORS OR TRUSTEES

Francisco J. Artau	Juan L. Domínguez	José A. Pagán	Carmen Feliciano
Eduardo Artau Gómez	Eduardo Artau Feliciano	Marcos Feliciano	Jorge Meaux
Ángel Morales			

State of..... Puerto Rico  
County of..... Guaynabo

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) Francisco J. Artau	_____ (Signature) Juan L. Domínguez	_____ (Signature) José A. Pagán
1. (Printed Name) President	2. (Printed Name) Treasurer	3. (Printed Name) Sub-Treasurer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2022

a. Is this an original filing? Yes [X] No [ ]  
b. If no 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	5,596,953		5,596,953	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....	468,468		468,468	474,099
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	5,759
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....118,708,639, Schedule E-Part 1), cash equivalents (\$.....46,524,489, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	165,233,128		165,233,128	226,881,437
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	171,298,549	0	171,298,549	227,361,295
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....			.0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	57,097,598	733,559	56,364,039	34,899,871
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....	5,400,000		5,400,000	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....	127,132		127,132	239,939
21. Furniture and equipment, including health care delivery assets (\$.....0).....	591,242	591,242	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	650,145	650,145	.0	
24. Health care (\$.....16,731,500) and other amounts receivable.....	16,731,500		16,731,500	31,716,076
25. Aggregate write-ins for other-than-invested assets.....	7,034,847	5,995,858	1,038,989	604,060
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	258,931,013	7,970,804	250,960,209	294,821,241
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	258,931,013	7,970,804	250,960,209	294,821,241

### DETAILS OF WRITE-INS

1101.....			.0	
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	.0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	.0	0
2501. Accounts Receivable - Other.....	438,989		438,989	4,060
2502. Deposits.....	208,803	208,803	.0	
2503. Construction in Progress.....	646,770	646,770	.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	5,740,285	5,140,285	600,000	600,000
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	7,034,847	5,995,858	1,038,989	604,060

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....		153,895,202	153,895,202	159,258,534
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....		1,865,435	1,865,435	2,008,971
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....		591,925	591,925	134,351
9. General expenses due or accrued.....		14,824,992	14,824,992	16,560,023
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....		497,345	497,345	10,885,260
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....		2,087,598	2,087,598	1,949,032
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....		6,865,273	6,865,273	9,146,628
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....		1,924,599	1,924,599	2,383,113
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	600,000	600,000	6,077,790
24. Total liabilities (Lines 1 to 23).....	0	183,152,369	183,152,369	208,403,702
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	1,875	1,875
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	2,960,400	2,960,400
29. Surplus notes.....	XXX	XXX	13,380,135	20,738,860
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	51,465,430	62,716,404
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	67,807,840	86,417,539
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	250,960,209	294,821,241

### DETAILS OF WRITE-INS

2301. Restricted Fund Reserve.....		600,000	600,000	600,000
2302. Accrued interest on surplus note.....			0	5,477,790
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	0	600,000	600,000	6,077,790
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	6,939,045	6,402,720
2. Net premium income (including \$.....0 non-health premium income).....	XXX	1,397,657,901	1,231,236,024
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	1,397,657,901	1,231,236,024
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	937,397,879	937,397,879	794,144,010
10. Other professional services.....	43,785,993	43,785,993	27,593,546
11. Outside referrals.....			
12. Emergency room and out-of-area.....	4,515,144	4,515,144	5,116,199
13. Prescription drugs.....	316,453,151	316,453,151	257,676,728
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	1,302,152,167	1,302,152,167	1,084,530,483
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	1,302,152,167	1,302,152,167	1,084,530,483
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	(143,535)	(143,535)	601,891
21. General administrative expenses.....	115,167,760	115,167,760	119,141,464
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	1,417,176,392	1,417,176,392	1,204,273,838
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(19,518,491)	26,962,186
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	100,859	100,859	328,735
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			935,143
27. Net investment gains or (losses) (Lines 25 plus 26).....	100,859	100,859	1,263,878
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	4,430,899	4,430,899	2,878,825
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(14,986,733)	31,104,889
31. Federal and foreign income taxes incurred.....	XXX		10,377,159
32. Net income (loss) (Lines 30 minus 31).....	XXX	(14,986,733)	20,727,730

**DETAILS OF WRITE-INS**

0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Interest Income.....	640,684	640,684	647,239
2902. Other Income.....	3,790,215	3,790,215	3,016,481
2903. Gain on disposal of asset.....			(7,188)
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	(777,707)
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	4,430,899	4,430,899	2,878,825

## STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	86,417,539	67,081,405
34. Net income or (loss) from Line 32.....	(14,986,733)	20,727,730
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....	(26,830)	
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	5,400,000	
39. Change in nonadmitted assets.....	(1,637,411)	(1,391,596)
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....	(7,358,725)	
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(18,609,699)	19,336,134
49. Capital and surplus end of reporting period (Line 33 plus 48).....	67,807,840	86,417,539

### DETAILS OF WRITE-INS

4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	0	0

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	1,376,570,848	1,240,087,429
2. Net investment income.....	106,618	352,592
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	1,376,677,466	1,240,440,021
5. Benefit and loss related payments.....	1,292,530,923	1,037,509,080
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	118,408,197	118,274,544
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	10,387,915	3,695,387
10. Total (Lines 5 through 9).....	1,421,327,035	1,159,479,011
11. Net cash from operations (Line 4 minus Line 10).....	(44,649,569)	80,961,010
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		1,168,928
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	1,168,928
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,618,152	
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,618,152	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(5,618,152)	1,168,928
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	(7,358,725)	
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(4,021,863)	1,752,915
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(11,380,588)	1,752,915
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(61,648,309)	83,882,853
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	226,881,437	142,998,584
19.2 End of year (Line 18 plus Line 19.1).....	165,233,128	226,881,437

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

20.0001 .....		
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## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	511,234,188			511,234,188
2. Medicare Supplement.....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan.....				.0
6. Title XVIII - Medicare.....				.0
7. Title XIX - Medicaid.....	886,423,713			886,423,713
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8).....	1,397,657,901	.0	.0	1,397,657,901
10. Life.....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11).....	1,397,657,901	.0	.0	1,397,657,901

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	1,307,515,499	478,615,451						828,900,048		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	1,307,515,499	478,615,451	0	0	0	0	0	828,900,048	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	153,895,202	50,224,134						103,671,068		
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	153,895,202	50,224,134	0	0	0	0	0	103,671,068	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	159,258,534	52,096,667						107,161,867		
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	159,258,534	52,096,667	0	0	0	0	0	107,161,867	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	1,302,152,167	476,742,918	0	0	0	0	0	825,409,249	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	1,302,152,167	476,742,918	0	0	0	0	0	825,409,249	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	44,760,616	30,701,308						14,059,308		
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	44,760,616	30,701,308	0	0	0	0	0	14,059,308	0	0
2. Incurred but unreported:										
2.1 Direct.....	109,134,586	19,522,826						89,611,760		
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	109,134,586	19,522,826	0	0	0	0	0	89,611,760	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	153,895,202	50,224,134	0	0	0	0	0	103,671,068	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	153,895,202	50,224,134	0	0	0	0	0	103,671,068	0	0

## UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	52,096,667	426,518,784		50,224,134	52,096,667	52,096,667
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....	107,161,867	721,738,181		103,671,068	107,161,867	107,161,867
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	159,258,534	1,148,256,965	0	153,895,202	159,258,534	159,258,534
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	159,258,534	1,148,256,965	0	153,895,202	159,258,534	159,258,534

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	128,859,794	128,874,794	128,832,345	128,802,345	128,802,345
2. 2017.....	834,950,799	962,772,039	962,772,039	962,772,039	962,772,039
3. 2018.....	XXX	838,771,753	969,143,556	969,143,556	969,143,556
4. 2019.....	XXX	XXX	837,146,850	946,603,586	946,603,586
5. 2020.....	XXX	XXX	XXX	925,271,949	1,084,530,483
6. 2021.....	XXX	XXX	XXX	XXX	1,148,256,965

**SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	128,859,794	128,874,794	128,832,345	128,802,345	128,802,345
2. 2017.....					
3. 2018.....	XXX				
4. 2019.....	XXX	XXX			
5. 2020.....	XXX	XXX	XXX		
6. 2021.....	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....	1,074,213,524	962,772,039		0.0	962,772,039	89.6			962,772,039	89.6
2. 2018.....	1,080,486,891	969,143,556		0.0	969,143,556	89.7			969,143,556	89.7
3. 2019.....	1,050,277,376	946,603,586		0.0	946,603,586	90.1			946,603,586	90.1
4. 2020.....	1,231,236,024	1,084,530,483		0.0	1,084,530,483	88.1			1,084,530,483	88.1
5. 2021.....	1,396,963,176	1,148,256,965		0.0	1,148,256,965	82.2	153,895	1,865	1,148,412,725	82.2

12.GT

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
(\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	128,859,794	128,874,794	128,832,345	128,802,345	128,802,345
2. 2017.....	834,950,799	962,772,039	962,772,039	962,772,039	962,772,039
3. 2018.....	XXX	838,771,753	969,143,556	969,143,556	969,143,556
4. 2019.....	XXX	XXX	837,146,850	946,603,586	946,603,586
5. 2020.....	XXX	XXX	XXX	925,271,949	1,084,530,483
6. 2021.....	XXX	XXX	XXX	XXX	1,148,256,965

**SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	128,859,794	128,874,794	128,832,345	128,802,345	128,802,345
2. 2017.....					
3. 2018.....	XXX				
4. 2019.....	XXX	XXX			
5. 2020.....	XXX	XXX	XXX		
6. 2021.....	XXX	XXX	XXX	XXX	

12.HM

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....	1,074,213,524	962,772,039		0.0	962,772,039	89.6			962,772,039	89.6
2. 2018.....	1,080,486,891	969,143,556		0.0	969,143,556	89.7			969,143,556	89.7
3. 2019.....	1,050,277,376	946,603,586		0.0	946,603,586	90.1			946,603,586	90.1
4. 2020.....	1,231,236,024	1,084,530,483		0.0	1,084,530,483	88.1			1,084,530,483	88.1
5. 2021.....	1,396,963,176	1,148,256,965		0.0	1,148,256,965	82.2	153,895	1,865	1,148,412,725	82.2

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

**SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

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**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

#### SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

#### SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

12.DO

#### SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0



**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - VISION ONLY**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

**SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

12.VO

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

#### SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

#### SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

#### SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

#### SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

#### SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

12.XV

#### SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

#### SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

#### SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

12.XI

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (\$000 Omitted)

**SECTION A - PAID HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

**SECTION B - INCURRED HEALTH CLAIMS - OTHER**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....					
2. 2017.....					
3. 2018.....	.XXX				
4. 2019.....	.XXX	.XXX			
5. 2020.....	.XXX	.XXX	.XXX		
6. 2021.....	.XXX	.XXX	.XXX	.XXX	

12.0T

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017.....		.0		.0.0	.0	.0.0			.0	.0.0
2. 2018.....		.0		.0.0	.0	.0.0			.0	.0.0
3. 2019.....		.0		.0.0	.0	.0.0			.0	.0.0
4. 2020.....		.0		.0.0	.0	.0.0			.0	.0.0
5. 2021.....		.0		.0.0	.0	.0.0			.0	.0.0

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

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

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**DETAILS OF WRITE-INS**

0501. ....	.0								
0502. ....	.0								
0503. ....	.0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1101. ....	.0								
1102. ....	.0								
1103. ....	.0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Includes \$.....0 premium deficiency reserve.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			3,032,271		3,032,271
2. Salaries, wages and other benefits.....			14,457,631		14,457,631
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			12,838,829		12,838,829
4. Legal fees and expenses.....			151,734		151,734
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			20,982,105		20,982,105
7. Traveling expenses.....			2,637		2,637
8. Marketing and advertising.....			4,219,550		4,219,550
9. Postage, express and telephone.....			2,907,247		2,907,247
10. Printing and office supplies.....			536,684		536,684
11. Occupancy, depreciation and amortization.....			421,539		421,539
12. Equipment.....			1,858,258		1,858,258
13. Cost or depreciation of EDP equipment and software.....			168,409		168,409
14. Outsourced services including EDP, claims, and other services.....					0
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			489,550		489,550
17. Collection and bank service charges.....			580,669		580,669
18. Group service and administration fees.....			27,328,919		27,328,919
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....			2,623		2,623
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			122,427		122,427
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....			953,535		953,535
23.5 Other (excluding federal income and real estate taxes).....			5,805,840		5,805,840
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	(143,535)	18,307,307	0	18,163,772
26. Total expenses incurred (Lines 1 to 25).....	0	(143,535)	115,167,764	0	(a) 115,024,229
27. Less expenses unpaid December 31, current year.....		1,865,435	14,824,992		16,690,427
28. Add expenses unpaid December 31, prior year.....			16,560,023		16,560,023
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	(2,008,970)	116,902,795	0	114,893,825

## DETAILS OF WRITE-INS

2501. Auto expense & Parking.....			336,842		336,842
2502. Donations.....			342,334		342,334
2503. Dues and subscriptions.....			297,136		297,136
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	(143,535)	17,330,994	0	17,187,459
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	(143,535)	18,307,307	0	18,163,772

(a) Includes management fees of \$.....23,508,348 to affiliates and \$.....3,819,270 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	13,579	106,618
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....	.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	13,579	106,618
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i)..... 5,759
15. Aggregate write-ins for deductions from investment income.....	.....	0
16. Total deductions (Lines 11 through 15).....	.....	5,759
17. Net investment income (Line 10 minus Line 16).....	.....	100,859

### DETAILS OF WRITE-INS

0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....5,759 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds.....	.....	.....	0	(21,199)	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	0	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	0	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	0	(5,631)	.....
2.21 Common stocks of affiliates.....	.....	.....	0	.....	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....	.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	(26,830)	0

### DETAILS OF WRITE-INS

0901. ....			0		
0902. ....			0		
0903. ....			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0



**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	733,559	653,100	(80,459)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	591,242	555,654	(35,588)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....	650,145	498,981	(151,164)
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	5,995,858	4,625,658	(1,370,200)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	7,970,804	6,333,393	(1,637,411)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	7,970,804	6,333,393	(1,637,411)

**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Deposits.....	208,803	212,923	4,120
2502. Vehicles.....		321,990	321,990
2503. Construction in progress.....	646,770	3,311,334	2,664,564
2598. Summary of remaining write-ins for Line 25 from overflow page.....	5,140,285	779,411	(4,360,874)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	5,995,858	4,625,658	(1,370,200)

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

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	567,686	574,957	578,320	581,286	579,665	6,939,045
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	567,686	574,957	578,320	581,286	579,665	6,939,045

**DETAILS OF WRITE-INS**

0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

**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
<b>A&amp;H Premiums Due and Unpaid</b>						
0299998. Premiums due and unpaid not individually listed.....	26,875,466	4,607,678	1,700,368	23,914,086	733,559	56,364,039
0299999. Total group.....	26,875,466	4,607,678	1,700,368	23,914,086	733,559	56,364,039
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	26,875,466	4,607,678	1,700,368	23,914,086	733,559	56,364,039

### 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
<b>Pharmaceutical Rebate Receivables</b>						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually.....	873,108	5,169,236		4,486,590		10,528,934
0199999. Total Pharmaceutical Rebate Receivables.....	873,108	5,169,236	0	4,486,590	0	10,528,934
<b>Claim Overpayment Receivables</b>						
0299998. Claim Overpayment Receivables Not Listed Individually.....				3,623,934		3,623,934
0299999. Total Claim Overpayment Receivables.....	0	0	0	3,623,934	0	3,623,934
<b>Loans and Advances to Providers</b>						
0399998. Loans and Advances to Providers Not Listed Individually.....	514,860	3,894		2,058,211		2,576,965
0399999. Total Loans and Advances to Providers.....	514,860	3,894	0	2,058,211	0	2,576,965
<b>Other Health Care Receivables</b>						
0699998. Other Health Care Receivables Not Listed Individually.....				1,667		1,667
0699999. Total Other Receivables.....	0	0	0	1,667	0	1,667
0799999. Gross Health Care Receivables.....	1,387,968	5,173,130	0	10,170,402	0	16,731,500

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....	17,642,139	9,026,039	873,108	9,655,826	18,515,247	20,111,809
2. Claim overpayment receivables.....	275,452	2,440,542	1,051,776	2,572,158	1,327,228	3,427,836
3. Loans and advances to providers.....	2,307,050	110,337,333	1,223,985	1,352,980	3,531,035	8,174,764
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....			1,667		1,667	1,667
7. Totals (Lines 1 through 6).....	20,224,641	121,803,914	3,150,536	13,580,964	23,375,177	31,716,076

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
<b>Claims Unpaid (Reported)</b>						
.....	57,545,627	18,042,533	8,910,975	4,821,881	64,574,186	153,895,202
0199999. Individually listed claims unpaid.....	57,545,627	18,042,533	8,910,975	4,821,881	64,574,186	153,895,202
0499999. Subtotals.....	57,545,627	18,042,533	8,910,975	4,821,881	64,574,186	153,895,202
0799999. Total claims unpaid.....						153,895,202

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Amounts Due From Parent, Subsidiaries and Affiliates</b>							
0299999. Receivables not individually listed.....	302,189	240,055		107,901	650,145		
0399999. Total gross amounts receivable.....	302,189	240,055	0	107,901	650,145	0	0

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Amounts Due To Parent, Subsidiaries and Affiliates</b>				
0299999. Payables not individually listed.....		6,865,273	6,865,273	
0399999. Total gross payables.....		6,865,273	6,865,273	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
<b>Capitation Payments:</b>						
1. Medical groups.....	801,450,305	61.1				801,450,305
2. Intermediaries.....	2,559,157	0.2				2,559,157
3. All other providers.....	136,933,236	10.4			131,760,123	5,173,113
4. Total capitation payments.....	940,942,698	71.7	0		131,760,123	809,182,575
<b>Other Payments:</b>						
5. Fee-for-service.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	370,972,273	28.3	XXX	XXX	152,529,388	218,442,885
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.....	370,972,273	28.3	XXX	XXX	152,529,388	218,442,885
13. Total (Line 4 plus Line 12).....	1,311,914,971	100.0	XXX	XXX	284,289,511	1,027,625,460

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**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
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**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.....	1,310,713		719,471	591,242	591,242	.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.....	1,310,713	.0	719,471	591,242	591,242	.0

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

First Medical Health Plan, Inc. recognize only statutory accounting practices prescribed or permitted by the Puerto Rico Office of Insurance Commissioner for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency the Puerto Rico Insurance Law.

The accompanying financial statements and supporting schedules have been completed in accordance with the NAIC Accounting Practices and Procedures Manual and the accounting practices prescribed by the Office of the Insurance Commissioner of Puerto Rico, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. The Company has adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP), as the basis of its statutory accounting practices, as long as they do not contradict the provisions of the Puerto Rico Insurance Code or Circular Letters issued by the Commissioner of Insurance.

The Commissioner of Insurance has the right to permit other specific practices that may deviate from prescribed practices. Prescribed statutory accounting practices include a variety of publications of the National Association of Insurance Commissioners (NAIC) including its codification initiative contained in its accounting practices and procedures manual, as well as state laws, regulations, and general administrative rules.

The Commissioner of Insurance has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. However, differences adopted by the Commissioner of Insurance do not have a significant effect on the net income and statutory capital and surplus of the Company.

<b>NET INCOME</b>	<b>State of Domicile</b>	<b>2021</b>	<b>2020</b>
(1) First Medical Health Plan State basis	PR	\$(14,986,733)	\$20,727,730
(2) State Prescribed Practices that increase/decrease NAIC SAP	PR	-	-
(3) State Permitted Practices that Increase/decrease NAIC SAP	PR	-	-
(4) NAIC SAP		<u>\$(14,986,733)</u>	<u>\$20,727,730</u>

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern (continued)****SURPLUS**

1) First Medical Health Plan			
State basis	PR	\$67,807,840	\$86,417,539
(2) State Prescribed Practices that increase/decrease NAIC SAP	PR	-	-
(3) State Permitted Practices that Increase/decrease NAIC SAP	PR	-	-
(4) NAIC SAP		<u>\$67,807,840</u>	<u>\$86,417,539</u>

***Use of Estimates in the Preparation of the Financial Statements***

Management of the Company has made a number of estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities to prepare these statutory financial statements in conformity with the accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico. Actual results could differ from those estimates.

Claims payable include estimated amounts to be paid to providers based on past experience and statistical data. The estimates of future medical claims incurred but not reported and other expense payments are developed using actuarial methods and assumptions based upon claims receipt patterns, payment patterns, medical costs inflation, historical developments, and other relevant factors. The above liabilities are necessarily based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the period determined.

***Accounting Policies******A-Cash Equivalents***

Holding of highly liquid investments with original maturities of three months or less and investments in money market funds are considered to be cash equivalents by the Company.

***B-Fair value of financial instruments***

For certain of the Company's financial instruments, including cash, certificates of deposits, accounts receivable, accounts payable and accrued liabilities, the carrying amounts represent a reasonable estimate of their fair value due to their short maturities.

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern (continued)**

The estimated fair value information for financial instruments in the accompanying statutory financial statements were determined as follows:

- Cash and Short-Term Investments – The carrying amount approximates estimated fair value because of the short-term nature of those instruments.
- Investment in Securities – The estimated fair value of investment in securities is based on quoted market prices for those or similar investments.

*C-Nonadmitted Assets*

Certain assets designated as "nonadmitted assets" have been excluded from the admitted assets by a charge to surplus.

*D-Property and Equipment*

The fixed assets are recorded at cost. Depreciation has been provided over the estimated useful life of the assets on a straight-line basis as follows:

Building	20 years
Office Equipment	5 years
Furniture and Fixtures	5 years
Computer Hardware	3 years

*E-Premiums Revenue*

Premium revenues are derived mainly from the Central Government, Municipalities, Government agencies and Government Health Plan. Membership contracts are on a yearly basis subject to cancellation by the employer group or First Medical Health Plan, Inc., upon thirty days written notice.

Premiums are due monthly and are recognized as revenue during the period in which First Medical Health Plan, Inc. is obligated to provide services to members, and are net of estimated uncollectible amounts.

*F-Health Care Service Cost Recognition*

Health care costs include claims payments and other costs incurred to provide health insurance costs to its members, as well as estimates of future payments for medical costs provided prior to the balance sheet date. The estimate of future medical claims and other medical expense payments are made on methods and assumptions based on claims payment submission patterns, medical cost

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern (continued)**

inflation, historical and future developments such as new diseases development, coverage changes, terminal illness cases and other relevant factors.

The company contracts with various health care providers for the provision of certain medical care services to its members. It compensates these providers on a fee for service basis.

The cost of other health care services provided or contracted for is accrued in the period in which it is provided to a member based in part on estimates, including an accrual for medical services provided but not reported to the company.

*G-Concentration of Credit Risk*

A substantial majority of the Company's business activity is with insureds located throughout Puerto Rico, and as such, the Company is subject to the risks associated with the Puerto Rico economy.

*H-Investment Securities*

Investment Securities at December 31, 2021 and 2020 consisted of U.S. Government, State and Possessions Issuer Obligations and Residential MBS. The Company classifies its debt securities in one of three categories: trading, available for sale, or held to maturity. The Company classifies its equity securities as trading. Trading securities are bought and held principally for the purpose of selling them in the near term. All of the Company's investments are classified as available for sale at December 31, 2021 and 2020.

Restricted Investments amounting to \$600,000 at December 31, 2021 and 2020, represent certificates of deposit pledged in favor of the Office of the Commissioner of Insurance of the Commonwealth of Puerto Rico (the Commissioner of Insurance) to comply with the deposit requirements of the Insurance Code.

Trading and available for sale securities are recorded at fair value. Held to maturity securities are recorded at amortized cost, adjusted for the amortization or accretion of premiums or discounts. Unrealized holding gains and losses on trading securities are included in operations. Unrealized holding gains and losses on available for sale securities are excluded from operations and are reported as a separate component of stockholder's equity, net of related income tax until realized. Realized gains and losses from the sale of available for sale securities are included in operations and determined on a specific identification basis.

A decline in the fair value of a held to maturity security below its cost that is deemed to be other than temporary impairment ("OTTI") results in a reduction in its cost basis

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern (continued)**

to fair value. For equity and debt securities that are classified as trading or available for sale securities, the impairment is charged to operations and new cost basis for the security is established. For debt securities that are available for sale or held to maturity, the portion of OTTI that is attributable to the credit loss is charged to operations and a reduction to the carrying amount, and the remaining difference between the debt security's amortized cost basis and fair value would be recorded in other comprehensive income. To determine whether the impairment is other than temporary, the Company considers whether evidence indicating the cost of the investment is recoverable outweighs evidence to the contrary. A critical component of the evaluation for OTTI is the identification of credit impaired securities where management does not expect to receive cash flows sufficient to recover the entire amortized cost basis of the security. For securities purchased and classified as available for sale with the expectation of receiving full principal and interest cash flows, this analysis considers the likelihood of receiving all contractual principal and interest. The extent of the Company's analysis regarding credit quality and the stress on assumptions used in the analysis have been refined for securities where the current fair value or other characteristics of the security warrant.

Premiums and discounts are amortized or accreted over the life of the related held to maturity or available for sale security as an adjustment to yield using the effective interest method. Dividend and interest income are recognized when earned.

The Company investments are exposed to three primary sources of risk: credit, interest rate, and liquidity risk. The financial statement risks, stemming from such investment risks, are those associated with the determination of estimated fair values. The diminished ability to sell certain investments in times of strained market conditions, the recognitions of impairments, and the recognition of income on certain investments. These financial statement risks may have a material effect on the amounts presented within the consolidated financial statements.

For statutory purposes, debt and equity securities are valued in accordance with rules promulgated by the NAIC. Debt securities that are designated highest-quality and high-quality (NAIC designation 1 and 2) are reported at amortized cost, with all other debt securities reported at the lower of amortized cost or fair market value. Debt securities eligible for amortization under such rules are stated net of unamortized premiums or discounts. As of December 31, 2021 all of the Company's investments are classified as available for sale and reported at fair value on the Statements of Admitted Assets, Liabilities, and Capital and Surplus (classified as Level 2 of the fair value hierarchy under ASC 820 Fair Value Measurements).

*I-Advertising*

The Company expenses advertising production costs as they are incurred, and advertising communication costs the first time the advertising takes place. Total advertising expense for the years ended December 31, 2021 and 2020 amounted to \$4,178,627 and \$2,874,863, respectively.

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 1 - Summary of Significant Accounting Policies and Going Concern (continued)**

*J-Income taxes*

The Company accounts for its income taxes in accordance with the provisions of NAIC SSAP No 10R, *Accounting for Income Taxes*.

Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

*K-Medical Claims Liabilities and Medical Costs*

Medical claims liabilities are accrued as services are rendered, including claims in process and other medical claims liabilities. It includes an estimate for claims incurred but not reported (IBNR). The IBNR is determined based upon an actuarial analysis of the Company's historical claim payment patterns, management estimates and other statistics.

The Medical claims liabilities are based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the financial statements of the current year. The actual results could differ materially from the amount recorded in the financial statements of the Company.

The Company contracts with independent actuaries to assist in the determination of estimates for claims incurred but not reported (IBNR) at the end of the accounting period.

Medical costs and claims consist of claim payments, capitation payments, compensation to doctors and pharmacy costs, net of rebates, as well as estimates of future payments of claims for services rendered prior to the end of the reporting period.

*L-General*

Certain comparative figures have been reclassified to conform to current year presentation.

**Note 2 – Accounting Changes and Corrections of Errors – Not Applicable**

**Note 3 – Business Combinations and Goodwill – Not Applicable**

**Note 4 – Discontinued Operations – Not Applicable**



**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 5 – Investments**

The amortized cost for debt and equity securities, gross unrealized gains, gross unrealized losses, and estimated fair value by major security type and class of security at December 31, 2021 is as follows:

Investments – available for sale, at fair value:

	Amortized Cost	Gross Unrealized Losses	Estimated Fair Value
Mutual Funds	\$ 500,000	\$(31,532)	\$ 468,468
US Government Obligations	\$ 2,719,986	\$(21,199)	\$ 2,698,787
US States, Territories & Possessions	\$ 2,898,166		\$ 2,898,166

The Company regularly monitors and evaluates the difference between the cost and estimated fair value of investments. For investments with a fair value below cost, the process includes evaluating the length of time and the extent to which cost exceeds fair value, the prospects and financial recovery in fair value, among other factors. This process is not exact and further requires consideration of risks such as credit and interest rate risks.

For debt securities that are not deemed to be credit impaired, the Company performs additional analysis to assess whether it intends to sell or more likely than not would be required to sell the investment before recovery of its amortized cost basis. A critical component of the evaluation for OTTI is the identification of credit impaired securities where management does not expect to receive cash flows sufficient to recover the entire amortized cost basis of the security. For securities purchased and classified as available for sale with the expectation of receiving full principal and interest cash flows, this analysis considers the likelihood of receiving all contractual principal and interest. The extent of the Company’s analysis regarding credit quality and the stress on assumptions used in the analysis has been refined for securities where the current fair value or other characteristics of the security warrant.

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies – Not Applicable****Note 7 – Investment Income**

Net investment income earned of \$100,859 and \$328,735 for the years ended December 31, 2021 and 2020, respectively, consisted of interest from Money Market investments and Available for Sale Securities (Bonds).

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 8 – Derivative Instruments – Not Applicable**

**Note 9 – Income Taxes**

The Company is subject to Puerto Rico income tax laws regarding its income before taxes. The Company utilizes the direct write off method for tax purposes and the reserve method for book purposes regarding to its accounts receivable. In addition, the Company has recognized a Deferred Tax Asset in connection with the Net Operating Loss incurred in the current year. Significant reconciling items exist between its tax and book taxable income mainly for these reasons.

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

The Company accounts transactions with related parties in accordance with SSAP No. 25, Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties. In accordance with the provisions of SSAP No. 25, the financial statements shall disclose all material related party transactions. Transactions between related parties must be in the form of a written agreement and the agreement must provide for a timely settlement of amounts owed with a specific due date.

The majority of the stockholders of the company are also the stockholders of International Medical Card (IMC). IMC is engaged in processing claims, payments and contracting health care providers. To cover administrative services, the Company made payments to IMC in the total amounts of \$6,305,055 and \$6,073,526 during 2021 and 2020, respectively.

There are certain health facilities owned by certain same stockholders of First Medical Health Plan, Inc. and International Medical Card which provide medical services to the group. These are paid by International Medical Card. In addition, there are other services paid directly by the Company. Following is a summary of transactions with affiliates.

First Medical Health Plan of Florida (FMFL) has contracted with FMHP for various administrative and consulting services. In exchange for FMHP services, FMFL pays a fixed overhead administration fee as defined in the agreement. The administrative fee was waived by FMHP for the years ending December 31, 2021 and 2020.

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 10 – Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties (continued)**

As of December 31, 2021 accounts payable to providers includes medical claims amounting to \$7,267,337 and accounts payable to vendors include advertising and promotion, technology and other services contracted with related parties amounting to \$5,979,258.

<b>Name of Parent Subsidiaries or Affiliates</b>	<b>Concept</b>	<b>Accounts Payable at 12/31/21</b>	<b>Amount Paid at 12/31/21</b>
Hospital Dr. Susoni, Incorporado	Rent, Utilities, & Medical Claims	158,516	11,455,623
Dr. Susoni Community Health Services Corp.	Medical Claims	196,531	14,714,965
Metro Hato Rey, Inc.	Medical Claims	216,947	8,085,537
Metro Santurce, Inc.	Medical Claims	594,030	20,818,078
Metro Mayaguez, Inc.	Medical Claims	332,174	8,775,119
Metrohealth Central Corporation	Medical Claims	43,046	1,859,058
Metro Health, Inc.	Medical Claims	498,070	13,010,659
San Francisco Health System, Inc.	Medical Claims	472,758	11,761,036
Southwest Health Corporation	Medical Claims	799,764	6,140,827
Yauco Healthcare Coporation	Medical Claims	107,576	4,209,989
Metro Ponce, Inc.	Medical Claims	372,273	11,326,231
Clinica Yaguez, Inc.	Medical Claims	36,615	6,453,515
Integrate Community Health System, Inc.	Rent & Medical Claims	1,751,978	19,125,872
EJA Property Group, Inc.	Services, Utilities, Facilities Rent	194,392	2,564,597
Metro Pavia Health Care Center, Inc.	Services & Medical Claims	1,485,958	18,601,763
Three A Engineering & Construction, Inc.	Rent, Engineering Services & Utilities	231,467	2,281,538
First Health Call, Corporation	Telephone Consultation Services & Medical Claims	805,677	6,361,391
A.M.M.V.R. Group, Inc.	Medical Claims	37,659	1,369,205
International Medical Card, Inc.	Administrative Services & Utilities	1,051,601	6,388,221
Optimind Manage Behavioral Health, Inc.	Mental Health Medical Claims	64,411	343,166
Metrohealth Extended Care	Rent, Services, & Utilities	82,410	222,217
Metrohealth Radiation Oncology Group, Inc.	Medical Claims	111,913	1,794,482
FM Salud, Inc.	Administrative Services	(1,723,156)	15,314,779
Metro Pavia at Home, LLC	Home Care Medical Claims	186,065	6,625,633
APS Healthcare Puerto Rico, Inc.	Mental Health Services & Medical Claims	250,366	50,378,400
APS Clinics of Puerto Rico, Inc.	Mental Health Medical Claims	-	569,843
Alpine Health Technologies, Corp	Medical Technology Services & Utilities	142,301	18,951,234
Metro Toa Baja, Inc.	Rent, Services & Medical Claims	1,296,656	1,502,446
Immuno Reference Lab	Utilities	128,134	-
BVR Ambulance Best Care, LLC	Medical Claims	4,212	134,806
Hyperbaric and Healing Institute, Inc.	Medical Claims	8,478	171,374
FMI Agency, Inc.	Representation Services, Utilities, & Medical Cost	47	1,062,862
Contact Security, Inc.	Security Services	266,722	3,437,879
Pure Med, LLC	Medical Claims	3,620	2,332,309
Strategico, LLC	Consulting Services & Utilities	399,584	2,252,957
Promo Sound International	Advertising & Promotional Services	2,605,802	3,321,628
FV Property Management Corp	Property Management	-	144,000
Fundación Huellas de Salud, Inc.	Utilities	8,000	422,161
Other	Other & Miscellaneous	24,000	4,112
	Total	\$ 13,246,595	\$ 284,289,512

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 11 – Debt – Not Applicable**

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

The Company has a retirement plan covering all of its eligible employees. Under the plan, the Company may contribute to the plan an amount designated by the Board of Directors to the extent permissible under the Commonwealth of Puerto Rico Internal Revenue Code up to 6% of a maximum \$10,000 annually for each qualified employee.

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee

Retirement Income Security Act (ERISA). Contributions made for the years ended December 31, 2021 and 2020 were \$222,434 and \$218,404 respectively. The Company had its retirement plan together with one affiliate. At December 31, 2021 and 2020 the fair value of the plan assets was \$13,663,760 and \$10,801,331 respectively.

**Note 13 – Capital and Surplus, Shareholders’ Dividends Restrictions and Quasi-Reorganizations**

At December 31, 2021 and 2020, the company had 2,500 common shares authorized of which 1,875 were outstanding. The stocks had a par value of \$1 per share. In addition, the Company had additional paid in capital in the amount of \$2,960,400.

Following are matters related with Capital, Surplus and Dividends:

1. The Company has 2,500 common shares authorized of which 1,875 are issued and outstanding.
2. The Company has no preferred stock outstanding.
3. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company’s State of Incorporation.
4. No dividends were declared or paid during the years ended December 31, 2021 and 2020.
5. Within the limitations set forth above (3), there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
6. The unassigned surplus has no specific restriction but as part of the overall capital requirements, it has limited availability.
7. During the year ended December 31, 2021 the domiciliary commissioner approved the repayment of \$7,358,725 of the surplus note principal and accrued interest of \$5,477,790.

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 13 – Capital and Surplus, Shareholders’ Dividends Restrictions and Quasi-Reorganizations (continued)**

8. The amounts of stock held by the Company, including stock of affiliated companies, for special purposes are:
  - a. For conversion of preferred stock: 0 shares
  - b. Employee stock options: 0 shares
  - c. For stock purchase warrants: 0 shares
9. The balances of special surplus as of December 31, 2021 is \$13,380,135
10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$57,680.
11. The Company issued the following surplus notes:

Date Issued	Interest Rate	Par Value (Face Amount of Note)	Carrying Value of Note	Interest and/or Principal Paid Current Year	Total Interest and/or Principal Paid	Unapproved Interest and/or Principal	Date of Maturity
5-21-2008	3.75%	\$ 7,358,725	\$ 7,358,725	\$9,426,060	\$11,583,862	-0-	Indefinite
7-28-2009	3.75%	\$13,380,135	\$13,380,135	\$3,410,455	\$5,320,467	\$501,755	Indefinite

The amount of capital and surplus was \$67,807,840 at December 31, 2021 and \$86,417,539 at December 31, 2020.

On June 15, 2008 the company issued surplus notes in exchange for cash to Eduardo Artau Gómez in the amount of \$9,858,725. In a subsequent determination by the Office of the Insurance Commissioner, the amount of \$2,500,000 was determined to be considered as Paid in Capital and the remainder \$7,358,725 to constitute surplus notes. These notes will earn interest at a rate of 3.75% annually but are subject to certain restrictions imposed by the Office of the Insurance Commissioner and only to the extent the Company has sufficient surplus earnings to make such payments.

During 2009 Eduardo Artau Gómez made additional cash contributions in the amount of \$13,380,135 in surplus notes earning interest at a rate of 3.75% annually but are subject to restrictions imposed by the Office of the Insurance Commissioner and only to the extent the Company has sufficient surplus earnings to make such payments.

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 14 – Liabilities, Contingencies and Assessments**

The Company is involved in various legal proceedings and complaints incidental to the normal course of business. The Company’s management have established a reserve for certain contingencies as of December 31, 2021. Legal counsel has advised that some of these contingencies will not have a material adverse effect on the company’s financial position or results of operations and are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.

**Note 15 – Leases**

The Company leases its administrative offices under cancelable operating leases expiring in future years .The rent includes a base monthly rate plus an additional rent covering parking spaces. The future minimum lease payments required under these leases are as follows:

2022	\$ 1,740,000
2023	\$ 1,740,000
2024	\$ 1,740,000
2025	\$ 1,740,000
2026 and thereafter	\$ 5,220,000

Contracts of other rent premises have expired and are paid on a month-to-month basis. Facilities rent expense for the years ended December 31, 2021 and 2020 amounted to \$3,032,271 and \$2,762,955, respectively.

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk– Not Applicable**

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not Applicable**

**Note 18 – Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – Not Applicable**

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – Not Applicable**

**FIRST MEDICAL HEALTH PLAN, INC.**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 20 – Fair Value Measurements**

The Company uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures of investments in debt and equity securities that are classified as available-for-sale and derivatives financial instruments on a recurring basis.

The Fair Value Measurements Topic of the FASB Accounting Standards Codification defines fair value, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements. The disclosures required under this Topic have been included in this note.

*Fair Value Hierarchy*

The Fair Value Measurements Topic of the FASB Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset or liability.

**Note 21 – Other Items – Not Applicable**

**Note 22 – Events Subsequent**

The Company evaluated subsequent events for recognition and disclosure through March 31, 2021, the date in which the financial statements were available to be issued and determined that there were no significant subsequent events needed to be reported.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes  No   
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State regulating? Yes
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes  No
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_
- 3.4 By what department or departments?  
Office of the Insurance Commissioner of PR
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes  No
- 4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes  No
- 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If the answer is YES, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC<br>Company<br>Code | 3<br>State of<br>Domicile |
|---------------------|------------------------------|---------------------------|
|                     |                              |                           |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes  No
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes,
- 7.21 State the percentage of foreign control \_\_\_\_\_ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes  No
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
- | 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |
- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes  No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes  No  N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Centeno Figueroa & Co. Maramar Plaza Suite 860 Guaynabo, PR 00968
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes  No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:



# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Mareb Del Rosario 1F Cond. Hato Rey Plaza, San Juan, PR 00918-4101
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0

- 12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

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

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$ 0

### BOARD OF DIRECTORS

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

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers 0
- 20.23 Trustees, supreme or grand (Fraternal only) 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

22.22	Amount paid as expenses	\$	0
22.23	Other amounts paid	\$	0
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes [ X ] No [ ]
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$	650,145
24.1	Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?		Yes [ ] No [ ]
24.2	If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.		

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

## INVESTMENT

25.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 25.03)?	Yes [ X ] No [ ]
25.02	If no, give full and complete information, relating thereto:	
25.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).	
25.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$ 0
25.05	For the reporting entity's securities lending program, report amount of collateral for other programs.	\$ 0
25.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [ ] No [ ] N/A [ X ]
25.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ ] No [ ] N/A [ X ]
25.08	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [ ] No [ ] N/A [ X ]
25.09	For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:	
25.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ 0
25.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ 0
25.093	Total payable for securities lending reported on the liability page:	\$ 0
26.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 25.03.)	Yes [ X ] No [ ]
26.2	If yes, state the amount thereof at December 31 of the current year:	
26.21	Subject to repurchase agreements	\$ 0
26.22	Subject to reverse repurchase agreements	\$ 0
26.23	Subject to dollar repurchase agreements	\$ 0
26.24	Subject to reverse dollar repurchase agreements	\$ 0
26.25	Placed under option agreements	\$ 0
26.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ 0
26.27	FHLB Capital Stock	\$ 0
26.28	On deposit with states	\$ 600,000
26.29	On deposit with other regulatory bodies	\$ 0
26.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ 0
26.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ 0
26.32	Other	\$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

27.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [ ] No [ X ]
27.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes [ ] No [ ] N/A [ X ]

## Lines 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?	Yes [ ] No [ ]
27.4	If the response to 27.3 is yes, does the reporting entity utilize:	
27.41	Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
27.42	Permitted accounting practice	Yes [ ] No [ ]
27.43	Other accounting guidance	Yes [ ] No [ ]
27.5	By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:	
	<ul style="list-style-type: none"> <li>• The reporting entity has obtained explicit approval from the domiciliary state.</li> <li>• Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.</li> <li>• Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount.</li> <li>• Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.</li> </ul>	
28.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [ ] No [ X ]
28.2	If yes, state the amount thereof at December 31 of the current year:	\$ 0

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian's Address

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

1 Name of Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
30.2999 TOTAL		\$

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1	Bonds	\$ 5,596,953	\$ 0	\$ (5,596,953)
31.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
31.3	Totals	\$ 5,596,953	\$ 0	\$ (5,596,953)

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

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ X ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E, Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - c. If the investment is with a related party or affiliate then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
  - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.
- Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [X] N/A [ ]

**OTHER**

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

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

1 Name	2 Amount Paid
	\$

39.1 Amount of payments for legal expenses, if any? \$ 151,734

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

1 Name	2 Amount Paid
Cancio Covas & Santiago, LLP	\$ 44,788

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

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

1 Name	2 Amount Paid
	\$

## GENERAL INTERROGATORIES

### PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 1,397,657,901	\$ 1,231,236,024
2.2	Premium Denominator	\$ 1,397,657,901	\$ 1,231,236,024
2.3	Premium Ratio (2.1/2.2)	100.0%	100.0%
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 153,895,202	\$ 159,258,534
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ]	No [ X ]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ]	No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ]	No [ X ]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ]	No [ X ]
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$	0
5.32	Medical Only	\$	0
5.33	Medicare Supplement	\$	0
5.34	Dental and Vision	\$	0
5.35	Other Limited Benefit Plan	\$	0
5.36	Other	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		

**GENERAL INTERROGATORIES**

**PART 2 – HEALTH INTERROGATORIES**

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 0
- 8.2 Number of providers at end of reporting year 0
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0
- 9.22 Business with rate guarantees over 36 months \$ 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses 0
- 10.22 Amount actually paid for year bonuses 0
- 10.23 Maximum amount payable withholds 0
- 10.24 Amount actually paid for year withholds 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]
- 11.14 A Mixed Model (combination of above)? Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ ] No [ X ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
- 11.4 If yes, show the amount required. \$ 0
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area

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

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

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

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

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ ]

**FIVE-YEAR HISTORICAL DATA**

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	250,960,209	294,821,241	218,139,068	217,750,880	205,904,668
2. Total liabilities (Page 3, Line 24).....	183,152,369	208,403,702	151,057,663	160,406,033	156,458,270
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....	67,807,840	86,417,539	67,081,405	57,344,847	49,446,398
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8).....	1,397,657,901	1,231,236,024	1,050,277,376	1,080,486,891	1,074,213,524
6. Total medical and hospital expenses (Line 18).....	1,302,152,167	1,084,530,483	946,490,389	969,143,556	962,772,039
7. Claims adjustment expenses (Line 20).....	(143,535)	601,891		284,551	
8. Total administrative expenses (Line 21).....	115,167,760	119,141,464	104,800,954	107,387,815	96,775,377
9. Net underwriting gain (loss) (Line 24).....	(19,518,491)	26,962,186	(1,013,967)	3,670,969	14,666,108
10. Net investment gain (loss) (Line 27).....	100,859	1,263,878	17,697,552	413,315	152,624
11. Total other income (Lines 28 plus 29).....	4,430,899	2,878,825	(5,121,035)	3,528,106	3,045,791
12. Net income or (loss) (Line 32).....	(14,986,733)	20,727,730	11,562,550	6,934,409	16,244,607
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	(44,649,569)	80,961,010	(23,538,815)	18,774,164	3,433,638
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	67,807,840	86,417,539	67,081,405	57,344,847	49,446,398
15. Authorized control level risk-based capital.....	33,761,429	31,586,853	27,888,321	28,150,413	26,625,736
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....	579,665	567,686	519,843	508,434	556,116
17. Total member months (Column 6, Line 7).....	6,939,045	6,402,720	6,284,763	6,607,038	6,840,891
<b>Operating Percentage (Page 4)</b> <b>(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0</b>					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	93.2	88.1	90.1	89.7	89.6
20. Cost containment expenses.....		0.0			
21. Other claims adjustment expenses.....	(0.0)			0.0	
22. Total underwriting deductions (Line 23).....	101.4	97.8	100.1	99.7	98.6
23. Total underwriting gain (loss) (Line 24).....	(1.4)	2.2	(0.1)	0.3	1.4
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13, Col. 5).....	159,258,534	109,456,736	130,509,124	127,973,561	128,596,467
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	159,258,534	109,456,815	130,509,124	127,973,471	128,596,556
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

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

Yes [ ] No [ ]

If no, please explain:



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....First Medical Health Plan , Inc.      2. Guaynabo, PR

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

(Location)

NAIC Group Code.....00

NAIC Company Code.....95722

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior year.....	567,686	122,740	142,879						302,067	
2. First quarter.....	574,957	122,510	141,474						310,973	
3. Second quarter.....	578,320	123,732	139,336						315,252	
4. Third quarter.....	581,286	123,203	140,421						317,662	
5. Current year.....	579,665	121,409	139,029						319,227	
6. Current year member months.....	6,939,045	1,475,358	1,689,344						3,774,343	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	3,519,127	660,982	1,039,531						1,818,614	
8. Non-physician.....	6,527	554	931						5,042	
9. Totals.....	3,525,654	661,536	1,040,462	.0	.0	.0	.0	.0	1,823,656	.0
10. Hospital patient days incurred.....	328,818	13,700	18,016						297,102	
11. Number of inpatient admissions.....	73,906	2,793	3,591						67,522	
12. Health premiums written (b).....	1,397,657,901	138,138,177	373,096,011						886,423,713	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,397,657,901	138,138,177	373,096,011						886,423,713	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,311,914,971	196,184,254	284,195,444						831,535,273	
18. Amount incurred for provision of health care services.....	1,302,152,167	194,703,979	282,187,125						825,261,063	

30

(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



### SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
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**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
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## SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		

**SCHEDULE S - PART 4**  
 Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8

**SCHEDULE S - PART 5**

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
															16	17	18	19	20	21					22
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

**SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	171,298,549		171,298,549
2. Accident and health premiums due and unpaid (Line 15).....	56,364,039		56,364,039
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	23,297,621		23,297,621
6. Totals assets (Line 28).....	250,960,209	0	250,960,209
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	153,895,202		153,895,202
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	591,925		591,925
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).....	28,665,242		28,665,242
15. Total liabilities (Line 24).....	183,152,369	0	183,152,369
16. Total capital and surplus (Line 33).....	67,807,840	XXX	67,807,840
17. Total liabilities, capital and surplus (Line 34).....	250,960,209	0	250,960,209
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

1 State, Etc.	2 Active Status (a)	Direct Business Only								10 Deposit-Type Contracts
		3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 CHIP Title XXI	7 Federal Employees Health Benefit Plan Premiums	8 Life & Annuity Premiums and Other Considerations	9 Property /Casualty Premiums	10 Total Columns 2 Through 8	
1. Alabama.....AL	N									0
2. Alaska.....AK	N									0
3. Arizona.....AZ	N									0
4. Arkansas.....AR	N									0
5. California.....CA	N									0
6. Colorado.....CO	N									0
7. Connecticut.....CT	N									0
8. Delaware.....DE	N									0
9. District of Columbia.....DC	N									0
10. Florida.....FL	N									0
11. Georgia.....GA	N									0
12. Hawaii.....HI	N									0
13. Idaho.....ID	N									0
14. Illinois.....IL	N									0
15. Indiana.....IN	N									0
16. Iowa.....IA	N									0
17. Kansas.....KS	N									0
18. Kentucky.....KY	N									0
19. Louisiana.....LA	N									0
20. Maine.....ME	N									0
21. Maryland.....MD	N									0
22. Massachusetts.....MA	N									0
23. Michigan.....MI	N									0
24. Minnesota.....MN	N									0
25. Mississippi.....MS	N									0
26. Missouri.....MO	N									0
27. Montana.....MT	N									0
28. Nebraska.....NE	N									0
29. Nevada.....NV	N									0
30. New Hampshire.....NH	N									0
31. New Jersey.....NJ	N									0
32. New Mexico.....NM	N									0
33. New York.....NY	N									0
34. North Carolina.....NC	N									0
35. North Dakota.....ND	N									0
36. Ohio.....OH	N									0
37. Oklahoma.....OK	N									0
38. Oregon.....OR	N									0
39. Pennsylvania.....PA	N									0
40. Rhode Island.....RI	N									0
41. South Carolina.....SC	N									0
42. South Dakota.....SD	N									0
43. Tennessee.....TN	N									0
44. Texas.....TX	N									0
45. Utah.....UT	N									0
46. Vermont.....VT	N									0
47. Virginia.....VA	N									0
48. Washington.....WA	N									0
49. West Virginia.....WV	N									0
50. Wisconsin.....WI	N									0
51. Wyoming.....WY	N									0
52. American Samoa.....AS	N									0
53. Guam.....GU	N									0
54. Puerto Rico.....PR	L	511,234,188		886,423,713						1,397,657,901
55. U.S. Virgin Islands.....VI	N									0
56. Northern Mariana Islands.....MP	N									0
57. Canada.....CAN	N									0
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		511,234,188	0	886,423,713	0	0	0	0	0	1,397,657,901
60. Reporting entity contributions for Employee Benefit Plans.....XXX										0
61. Total (Direct Business).....XXX		511,234,188	0	886,423,713	0	0	0	0	0	1,397,657,901

**DETAILS OF WRITE-INS**

58001.....										0
58002.....										0
58003.....										0
58998. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998).....		0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1
Eligible - Reporting entities eligible or approved to write surplus lines in the st.....	0

R - Registered - Non-domiciled RRGs.....	0
Q - Qualified - Qualified or accredited reinsurer.....	0
N - None of the above - Not allowed to write business in the state.....	56

(b) Explanation of basis of allocation by states, premiums by state, etc.

All premiums written within the state of Puerto Rico.



**SCHEDULE T - PART 2**

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		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	
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

**Artau Holding, LLC**

**Metro Santurce, Inc.**  
**Metro Hato Rey, Inc.**  
**Metro Mayaguez, Inc.**  
**Metro Health, Inc.**  
**San Francisco Health System, Inc.**  
**Hospital Doctor Susoni, Inc.**  
**Metro Pavia Health Systems, Inc.**  
**Dr. Susoni Community Health Services, Corp.**  
**Metro Toa Baja, Inc.**

**Artau Holding II, LLC**

**Southwest Health, Corp.**  
**Metro Healthcare, Corp.**  
**Metro Ponce, Inc.**  
**Yauco Healthcare Corp.**

**Artau Holding III, LLC**

**First Health Call Corporation**  
**Strategico, LLC**  
**Integrate Community Health System, Inc.**  
**Metrohealth Extended Care, Inc.**  
**Sistema de Salud Metropolitano, Inc.**  
**MPHC Properties, LLC**  
**Metro Pavia Healthcare Center Inc.**  
**Metro Healthcare Management System, Inc,**  
**Clinica Yaguez, Inc.**  
**EJA Property Group, Inc.**  
**Alpine Health Technologies, Corp.**  
**Three A Engineering & Construction, Inc.**  
**Metro Pavia at Home, LLC**  
**Metro Holding, Inc.**  
**BVR Ambulance Best Care, LLC**  
**Health Care Professional Solution of PR, Inc.**

**Others**

**Metrohealth Radiation Oncology, Inc.**  
**FM Salud, Inc.**  
**Hyperbolic and Healing Institute, Inc.**  
**FMI Agency, Inc.**  
**International Medical Card, Inc.**  
**IMC Salud, Inc.**  
**Optimind Manage Behavioral Health, Inc.**  
**APS Healthcare Puerto Rico, Inc.**  
**APS Clinics of Puerto Rico, Inc.**  
**APS Management, Corp.**  
**AMMVR Group, Inc.**  
**Contact Security, Inc.**  
**Zero Medical Waste, Inc.**  
**Costa Bahia Hotel Convention Ctre, LLC**  
**Costa Bahia Hotel, LLC**  
**DE Holding, LLC**  
**Dorado Condominum, SE**  
**Boqueron Resort, SE**  
**Aquarius Resort Mgt Services, LLC**  
**Dorado del Mar Beach Resort, LLC**  
**Boqueron Harbor Beach Resort, LLC**

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (YES/NO)	*
<b>Members</b>															
			66-0667164..				Metro Health Central Corporation.....	PR.....	NIA.....	Artau Holdings II, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0558678..				Soutwest Health Corporation .....	PR.....	NIA.....	Artau Holdings II, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0616947..				Yauco Healthcare Coporation .....	PR.....	NIA.....	Artau Holdings II, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0714531..				Metro Ponce, Inc.....	PR.....	NIA.....	Artau Holdings II, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0558905..				Clinica Yaguez, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0536996..				Integrate Community Health System, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			60-0599193..				EJA Property Group, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0795404..				Metro Pavia Health Care Center, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0680599..				Three A Engineering & Construction, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0647511..				First Health Call, Corporation.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0557601..				Metrohealth Extended Care.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0819304..				Metro Pavia at Home, LLC.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0642544..				Alpine Health Technologies, Corp.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0618404..				Sistema de Salud Metropolitano, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0797321..				MPHC Properties, LLC.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0792435..				Metro Healthcare Management Systems, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0677703..				Metro Holdings, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0646572..				BVR Ambulance Best Care, LLC.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0875927..				Healthcare Professional Solutions of Puerto Rico, Inc.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0875848..				Strategico, LLC.....	PR.....	NIA.....	Artau Holdings III, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0178801..				Hospital Dr. Susoni, Incorporado .....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0520807..				Dr. Susoni Community Health Services Corp.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0677702..				Metro Hato Rey, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0677706..				Metro Santurce, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0677707..				Metro Mayaguez, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0551899..				Metro Health, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0673963..				San Francisco Health System, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0775124..				Metro Pavia Health System, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0869193..				Metro Toa Baja, Inc.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	0.765	Eduardo Artau Gómez.....	NO.....	
			66-0927309..				Metro Pavia Hospital Group, LLC.....	PR.....	NIA.....	Artau Holdings, LLC.....	OWNERSHIP.....	1.000	Eduardo Artau Gómez.....	NO.....	
			66-0635205..				Boqueron Resort, SE.....	PR.....	NIA.....	Boqueron Harbor Beach Resoirt, LLC.....	OWNERSHIP.....	95.050	Eduardo Artau Gómez +4.95%.....	NO.....	
			66-0568414..				Dorado Condominium, SE.....	PR.....	NIA.....	Dorado del Mar Beach Resort, LLC.....	OWNERSHIP.....	95.050	Eduardo Artau Gómez +4.95%.....	NO.....	
			66-0578061..				A.M.M.V.R. Group, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP.....	0.700	Eduardo Artau Gómez.....	NO.....	

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (YES/NO)	*
			66-0473937..				International Medical Card, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.667	Eduardo Artau Gómez.....	...NO....	
			66-0727766..				Optimind Manage Behavioral Health, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0567853..				Metrohealth Radiation Oncology Group, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.175	Eduardo Artau Gómez.....	...NO....	
			66-0830130..				FM Salud, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0831057..				IMC Salud, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0656454..				Hyperbaric and Healing Institute, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.283	Eduardo Artau Gómez.....	...NO....	
			66-0829612..				FMI Agency, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.500	Eduardo Artau Gómez.....	...NO....	
			66-0614636..				Contact Security, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.667	Eduardo Artau Gómez.....	...NO....	
			66-0722935..				Zero Medical Waste, Inc.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....0.510	Eduardo Artau Gómez.....	...NO....	
			66-0907407..				DE Holdings, LLC.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0903362..				Costa Bahia Hotel, LLC.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0841667..				Costa Bahia Hotel & Convention Center, LLC..	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0925517..				Aquarius Resort Management Services, LLC...	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0925202..				Dorado del Mar Beach Resort, LLC.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0925302..				Boqueron Harbor Beach Resort, LLC.....	PR.....	NIA.....	Eduardo Artau Gómez.....	OWNERSHIP...	.....1.000	Eduardo Artau Gómez.....	...NO....	
			66-0567825..				APS Healthcare Puerto Rico, Inc.....	PR.....	NIA.....	Metro Holding Inc.....	OWNERSHIP...	.....0.765	Eduardo Artau Gómez.....	...NO....	
			66-0611589..				APS Clinics of Puerto Rico, Inc.....	PR.....	NIA.....	Metro Holding Inc.....	OWNERSHIP...	.....0.765	Eduardo Artau Gómez.....	...NO....	
			66-0859804..				APS Management Corp.....	PR.....	NIA.....	Metro Holding Inc.....	OWNERSHIP...	.....0.765	Eduardo Artau Gómez.....	...NO....	

41.1

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
	66-0537624	First Medical Health Plan, Inc.					(278,065,848)				(278,065,848)	
	66-0178801	Hospital Dr. Susoni, Incorporado					11,455,623				11,455,623	
	66-0520807	Dr. Susoni Community Health Services Corp.					14,714,965				14,714,965	
	66-0677702	Metro Hato Rey, Inc.					8,085,537				8,085,537	
	66-0677706	Metro Santurce, Inc.					20,818,078				20,818,078	
	66-0677707	Metro Mayaguez, Inc.					8,775,119				8,775,119	
	66-0667164	Metrohealth Central Corporation					1,859,058				1,859,058	
	66-0551899	Metro Health, Inc.					13,010,659				13,010,659	
	66-0673963	San Francisco Health System, Inc.					11,761,036				11,761,036	
	66-0558678	Southwest Health Corporation					6,140,827				6,140,827	
	66-0616947	Yauco Healthcare Coporation					4,209,989				4,209,989	
	66-0714531	Metro Ponce, Inc.					11,326,231				11,326,231	
	66-0558905	Clinica Yaguez, Inc.					6,453,515				6,453,515	
	66-0536996	Integrate Community Health System, Inc.					19,125,872				19,125,872	
	60-0599193	EJA Property Group, Inc.					2,564,597				2,564,597	
	66-0795404	Metro Pavia Health Care Center, Inc.					18,601,763				18,601,763	
	66-0680599	Three A Engineering & Construction, Inc.					2,281,538				2,281,538	
	66-0647511	First Health Call, Corporation					6,361,391				6,361,391	
	66-0578061	A.M.M.V.R. Group, Inc.					1,369,205				1,369,205	
	66-0473937	International Medical Card, Inc.					6,388,221				6,388,221	
	66-0727766	Optimind Manage Behavioral Health, Inc.					343,166				343,166	
	66-0557601	Metrohealth Extended Care					222,217				222,217	
	66-0567853	Metrohealth Radiation Oncology Group, Inc.					1,794,482				1,794,482	
	66-0830130	FM Salud, Inc.					15,314,779				15,314,779	
	66-0819304	Metro Pavia at Home, LLC					6,625,633				6,625,633	
	66-0567825	APS Healthcare Puerto Rico, Inc.					50,378,400				50,378,400	
	66-0611589	APS Clinics of Puerto Rico, Inc.					569,843				569,843	
	66-0642544	Alpine Health Technologies, Corp.					18,951,234				18,951,234	
	66-0869193	Metro Toa Baja, Inc.					1,502,446				1,502,446	
	66-0646572	BVR Ambulance Best Care, LLC					134,806				134,806	
	66-0656454	Hyperbaric and Healing Institute, Inc.					171,374				171,374	
	66-0829612	FMI Agency, Inc.					1,062,862				1,062,862	
	66-0614636	Contact Security, Inc.					3,437,879				3,437,879	
	66-0875848	Strategico, LLC					2,252,957				2,252,957	
	66-0841667	Costa Bahia Hotel & Convention Center, LLC					545				545	
9999999	Control Totals		0	0	0	0	(0)	0	XXX	0	(0)	0

## SCHEDULE Y

### PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownerships	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 over Column 1 (YES/NO)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 over Column 6 (YES/NO)
First Medical Health Plan, Inc.....	Eduardo Artau Gómez.....	25.000	NO.....	N/A.....	N/A.....	N/A.....	N/A.....
First Medical Health Plan, Inc.....	Carmen Feliciano.....	25.000	NO.....	N/A.....	N/A.....	N/A.....	N/A.....
First Medical Health Plan, Inc.....	Eduardo Artau Feliciano.....	26.670	NO.....	N/A.....	N/A.....	N/A.....	N/A.....
First Medical Health Plan, Inc.....	Francisco J. Artau Feliciano.....	23.330	NO.....	N/A.....	N/A.....	N/A.....	N/A.....

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

### Responses

YES  
 YES  
 YES  
 YES

### APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES  
 YES  
 WAIVED

### JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES  
 YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. 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?
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
17. 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?
18. 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  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO

### APRIL FILING

19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit-Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

NO  
 NO  
 YES  
 NO  
 NO

### AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES


# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES


EXPLANATIONS:


BAR CODE:


- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
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- 24.


  
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\* 9 5 7 2 2 2 0 2 1 4 2 0 0 0 0 0 0 \*


  
\* 9 5 7 2 2 2 0 2 1 3 7 1 0 0 0 0 0 \*


  
\* 9 5 7 2 2 2 0 2 1 3 7 0 0 0 0 0 0 \*


  
\* 9 5 7 2 2 2 0 2 1 3 6 5 0 0 0 0 0 \*

  
\* 9 5 7 2 2 2 0 2 1 2 2 4 0 0 0 0 0 \*

  
\* 9 5 7 2 2 2 0 2 1 2 2 5 0 0 0 0 0 \*

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

  
\* 9 5 7 2 2 2 0 2 1 3 0 6 0 0 0 0 0 \*

  
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\* 9 5 7 2 2 2 0 2 1 2 1 7 0 0 0 0 0 \*

  
\* 9 5 7 2 2 2 0 2 1 2 9 0 0 0 0 0 0 \*



## Overflow Page for Write-Ins

**Additional Write-ins for Assets:**

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Prepaid Expenses.....	3,875,275	3,875,275	0	600,000
2505. Special Deposit.....	600,000		600,000	600,000
2506. Leasehold Improvements.....	1,265,010	1,265,010	0	
2597. Summary of remaining write-ins for Line 25.....	5,740,285	5,140,285	600,000	600,000

**Additional Write-ins for Statement of Revenue:**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904. Realized Loss.....			(777,707)
2997. Summary of remaining write-ins for Line 29.....	0	0	(777,707)

**Additional Write-ins for Underwriting and Investment Exhibit-Part 3:**

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Temporary labor and reallocation.....			187,633		187,633
2505. Software.....			7,650,386		7,650,386
2506. Insurance.....			892,728		892,728
2507. Seminars & Training.....			36,581		36,581
2508. Licenses.....			270,643		270,643
2509. Miscellaneous.....			529,174		529,174
2510. Repairs and Maintenance.....			1,976,064		1,976,064
2511. Delivery.....			133,594		133,594
2512. Transportation expense.....			589,105		589,105
2513. Office expense, digital imaging and security.....			2,661,043		2,661,043
2514. Employees benefits and activities.....			280,052		280,052
2515. Incentive others.....			144,767		144,767
2516. Quality and Prevention Programs.....			1,155,976		1,155,976
2517. Utilities.....			597,638		597,638
2518. Entertainment.....			225,609		225,609
2519. Claims adjustment expense.....		(143,535)			(143,535)
2597. Summary of remaining write-ins for Line 25.....	0	(143,535)	17,330,994	0	17,187,459

**Additional Write-ins for Nonadmitted Assets:**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Prepaid Expenses.....	3,875,275	779,411	(3,095,864)
2505. Leasehold Improvements.....	1,265,010		(1,265,010)
2597. Summary of remaining write-ins for Line 25.....	5,140,285	779,411	(4,360,874)

## Overflow Page for Write-Ins

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments.....	2,698,787	1.6	2,698,787		2,698,787	1.6
1.02 All Other Governments.....		0.0			0	0.0
1.03 U.S. States, Territories and Possessions, etc., Guaranteed.....	2,898,166	1.7	2,898,166		2,898,166	1.7
1.04 U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed.....		0.0			0	0.0
1.05 U.S. Special Revenue and Special Assessment Obligations, etc., Non-Guaranteed.....		0.0			0	0.0
1.06 Industrial and Miscellaneous.....		0.0			0	0.0
1.07 Hybrid Securities.....		0.0			0	0.0
1.08 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
1.09 SVO Identified Funds.....		0.0			0	0.0
1.10 Unaffiliated Bank Loans.....		0.0			0	0.0
1.11 Total Long-Term Bonds.....	5,596,953	3.3	5,596,953	0	5,596,953	3.3
2. Preferred Stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and Misc. (Unaffiliated).....		0.0			0	0.0
2.02 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
2.03 Total Preferred Stock.....	0	0.0	0	0	0	0.0
3. Common Stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and Miscellaneous Publicly Traded (Unaffiliated).....		0.0			0	0.0
3.02 Industrial and Miscellaneous Other (Unaffiliated).....		0.0			0	0.0
3.03 Parent, Subsidiaries and Affiliates Publicly Traded.....		0.0			0	0.0
3.04 Parent, Subsidiaries and Affiliates Other.....		0.0			0	0.0
3.05 Mutual Funds.....	468,468	0.3	468,468		468,468	0.3
3.06 Unit Investment Trusts.....		0.0			0	0.0
3.07 Closed-End Funds.....		0.0			0	0.0
3.08 Total Common Stocks.....	468,468	0.3	468,468	0	468,468	0.3
4. Mortgage Loans Schedule B):						
4.01 Farm Mortgages.....		0.0			0	0.0
4.02 Residential Mortgages.....		0.0			0	0.0
4.03 Commercial Mortgages.....		0.0			0	0.0
4.04 Mezzanine Real Estate Loans.....		0.0			0	0.0
4.05 Total Valuation Allowance.....		0.0			0	0.0
4.06 Total Mortgage Loans.....	0	0.0	0	0	0	0.0
5. Real Estate (Schedule A):						
5.01 Properties Occupied by Company.....		0.0			0	0.0
5.02 Properties Held for Production of Income.....		0.0			0	0.0
5.03 Properties Held for Sale.....		0.0			0	0.0
5.04 Total Real Estate.....	0	0.0	0	0	0	0.0
6. Cash, Cash Equivalents, and Short-Term Investments::						
6.01 Cash (Schedule E, Part 1).....	118,708,639	69.3	118,708,639		118,708,639	69.3
6.02 Cash Equivalents (Schedule E, Part 2).....	46,524,489	27.2	46,524,489		46,524,489	27.2
6.03 Short-Term Investments (Schedule DA).....		0.0			0	0.0
6.04 Total Cash, Cash Equivalents, and Short-Term Investments.....	165,233,128	96.5	165,233,128	0	165,233,128	96.5
7. Contract Loans.....		0.0			0	0.0
8. Derivatives (Schedule DB).....		0.0			0	0.0
9. Other Invested Assets (Schedule BA).....		0.0			0	0.0
10. Receivables for Securities.....		0.0			0	0.0
11. Securities Lending (Schedule DL, Part 1).....		0.0		XXX	XXX	XXX
12. Other Invested Assets (Page 2, Line 11).....		0.0			0	0.0
13. Total Invested Assets.....	171,298,549	100.0	171,298,549	0	171,298,549	100.0

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....		5,759
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6).....		
2.2	Additional investment made after acquisition (Part 2, Column 9).....		0
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13.....		
3.2	Totals, Part 3, Column 11.....		0
4.	Total gain (loss) on disposals, Part 3, Column 18.....		
5.	Deduct amounts received on disposals, Part 3, Column 15.....		
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15.....		
6.2	Totals, Part 3, Column 13.....		0
7.	Deduct current year's other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12.....		
7.2	Totals, Part 3, Column 10.....		0
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11.....	5,759	
8.2	Totals, Part 3, Column 9.....		5,759
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10.	Deduct total nonadmitted amounts.....		
11.	Statement value at end of current period (Line 9 minus Line 10).....		0

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7).....		
2.2	Additional investment made after acquisition (Part 2, Column 8).....		0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12.....		
3.2	Totals, Part 3, Column 11.....		0
4.	Accrual of discount.....		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 9.....		
5.2	Totals, Part 3, Column 8.....		0
6.	Total gain (loss) on disposals, Part 3, Column 18.....		
7.	Deduct amounts received on disposals, Part 3, Column 15.....		
8.	Deduct amortization of premium and mortgage interest points and commitment fees.....		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1	Totals, Part 1, Column 13.....		
9.2	Totals, Part 3, Column 13.....		0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11.....		
10.2	Totals, Part 3, Column 10.....		0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12.	Total valuation allowance.....		
13.	Subtotal (Line 11 plus Line 12).....		0
14.	Deduct total nonadmitted amounts.....		
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		0

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8).....	_____	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	_____	0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 16.....	_____	
3.2	Totals, Part 3, Column 12.....	_____	0
4.	Accrual of discount.....	_____	
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 13.....	_____	
5.2	Totals, Part 3, Column 9.....	_____	0
6.	Total gain (loss) on disposals, Part 3, Column 19.....	_____	
7.	Deduct amounts received on disposals, Part 3, Column 16.....	_____	
8.	Deduct amortization of premium and depreciation.....	_____	
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Totals, Part 1, Column 17.....	_____	
9.2	Totals, Part 3, Column 14.....	_____	0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 15.....	_____	
10.2	Totals, Part 3, Column 11.....	_____	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	0
12.	Deduct total nonadmitted amounts.....	_____	
13.	Statement value at end of current period (Line 11 minus Line 12).....	_____	0

**SCHEDULE D - VERIFICATION BETWEEN YEARS**

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	474,099
2.	Cost of bonds and stocks acquired, Part 3, Column 7.....	_____	5,618,152
3.	Accrual of discount.....	_____	
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12.....	_____	(21,199)
4.2	Part 2, Section 1, Column 15.....	_____	
4.3	Part 2, Section 2, Column 13.....	_____	(5,631)
4.4	Part 4, Column 11.....	_____	(26,830)
5.	Total gain (loss) on disposals, Part 4, Column 19.....	_____	
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....	_____	
7.	Deduct amortization of premium.....	_____	
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15.....	_____	
8.2	Part 2, Section 1, Column 19.....	_____	
8.3	Part 2, Section 2, Column 16.....	_____	
8.4	Part 4, Column 15.....	_____	0
9.	Deduct current year's other-than-temporary impairment recognized:		
9.1	Part 1, Column 14.....	_____	
9.2	Part 2, Section 1, Column 17.....	_____	
9.3	Part 2, Section 2, Column 14.....	_____	
9.4	Part 4, Column 13.....	_____	0
10.	Total investment income recognized as a result of prepayment and/or acceleration fees, Note 5Q, Line 2.....	_____	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	_____	6,065,421
12.	Deduct total nonadmitted amounts.....	_____	
13.	Statement value at end of current period (Line 11 minus Line 12).....	_____	6,065,421

**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States.....	2,698,520	2,698,520	2,719,986	2,639,715
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	2,698,520	2,698,520	2,719,986	2,639,715
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....	2,898,166	2,898,166	2,898,166	2,410,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (Unaffiliated)	8. United States.....				
	9. Canada.....				
	10. Other Countries.....				
	11. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals.....				
	<b>13. Total Bonds.....</b>	<b>5,596,686</b>	<b>5,596,686</b>	<b>5,618,152</b>	<b>5,049,715</b>
<b>PREFERRED STOCKS</b> Industrial and Miscellaneous (Unaffiliated)	14. United States.....				
	15. Canada.....				
	16. Other Countries.....				
	17. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals.....				
	<b>19. Total Preferred Stocks.....</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>COMMON STOCKS</b> Industrial and Miscellaneous (Unaffiliated)	20. United States.....	468,735	468,735	500,000	
	21. Canada.....				
	22. Other Countries.....				
	23. Totals.....	468,735	468,735	500,000	
Parent, Subsidiaries and Affiliates	24. Totals.....				
	<b>25. Total Common Stocks.....</b>	<b>468,735</b>	<b>468,735</b>	<b>500,000</b>	
	<b>26. Total Stocks.....</b>	<b>468,735</b>	<b>468,735</b>	<b>500,000</b>	
	<b>27. Total Bonds and Stocks.....</b>	<b>6,065,421</b>	<b>6,065,421</b>	<b>6,118,152</b>	

### SCHEDULE D - PART 1A - SECTION 1

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1.....	399,706	799,092	202,043		1,297,946	.XXX	2,698,787	48.2		0.0	2,698,787	
1.2 NAIC 2.....						.XXX	0	0.0		0.0		
1.3 NAIC 3.....						.XXX	0	0.0		0.0		
1.4 NAIC 4.....						.XXX	0	0.0		0.0		
1.5 NAIC 5.....						.XXX	0	0.0		0.0		
1.6 NAIC 6.....						.XXX	0	0.0		0.0		
1.7 Totals.....	399,706	799,092	202,043	0	1,297,946	.XXX	2,698,787	48.2	0	0.0	2,698,787	0
<b>2. All Other Governments</b>												
2.1 NAIC 1.....						.XXX	0	0.0		0.0		
2.2 NAIC 2.....						.XXX	0	0.0		0.0		
2.3 NAIC 3.....						.XXX	0	0.0		0.0		
2.4 NAIC 4.....						.XXX	0	0.0		0.0		
2.5 NAIC 5.....						.XXX	0	0.0		0.0		
2.6 NAIC 6.....						.XXX	0	0.0		0.0		
2.7 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, etc., Guaranteed</b>												
3.1 NAIC 1.....	148,955	444,354	920,363	1,384,494		.XXX	2,898,166	51.8		0.0	2,898,166	
3.2 NAIC 2.....						.XXX	0	0.0		0.0		
3.3 NAIC 3.....						.XXX	0	0.0		0.0		
3.4 NAIC 4.....						.XXX	0	0.0		0.0		
3.5 NAIC 5.....						.XXX	0	0.0		0.0		
3.6 NAIC 6.....						.XXX	0	0.0		0.0		
3.7 Totals.....	148,955	444,354	920,363	1,384,494	0	.XXX	2,898,166	51.8	0	0.0	2,898,166	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1.....						.XXX	0	0.0		0.0		
4.2 NAIC 2.....						.XXX	0	0.0		0.0		
4.3 NAIC 3.....						.XXX	0	0.0		0.0		
4.4 NAIC 4.....						.XXX	0	0.0		0.0		
4.5 NAIC 5.....						.XXX	0	0.0		0.0		
4.6 NAIC 6.....						.XXX	0	0.0		0.0		
4.7 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1.....						.XXX	0	0.0		0.0		
5.2 NAIC 2.....						.XXX	0	0.0		0.0		
5.3 NAIC 3.....						.XXX	0	0.0		0.0		
5.4 NAIC 4.....						.XXX	0	0.0		0.0		
5.5 NAIC 5.....						.XXX	0	0.0		0.0		
5.6 NAIC 6.....						.XXX	0	0.0		0.0		
5.7 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial and Miscellaneous (unaffiliated)</b>												
6.1 NAIC 1.....						.XXX.....	0	0.0		0.0		
6.2 NAIC 2.....						.XXX.....	0	0.0		0.0		
6.3 NAIC 3.....						.XXX.....	0	0.0		0.0		
6.4 NAIC 4.....						.XXX.....	0	0.0		0.0		
6.5 NAIC 5.....						.XXX.....	0	0.0		0.0		
6.6 NAIC 6.....						.XXX.....	0	0.0		0.0		
6.7 Totals.....	0	0	0	0	0	.XXX.....	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.1 NAIC 1.....						.XXX.....	0	0.0		0.0		
7.2 NAIC 2.....						.XXX.....	0	0.0		0.0		
7.3 NAIC 3.....						.XXX.....	0	0.0		0.0		
7.4 NAIC 4.....						.XXX.....	0	0.0		0.0		
7.5 NAIC 5.....						.XXX.....	0	0.0		0.0		
7.6 NAIC 6.....						.XXX.....	0	0.0		0.0		
7.7 Totals.....	0	0	0	0	0	.XXX.....	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1.....						.XXX.....	0	0.0		0.0		
8.2 NAIC 2.....						.XXX.....	0	0.0		0.0		
8.3 NAIC 3.....						.XXX.....	0	0.0		0.0		
8.4 NAIC 4.....						.XXX.....	0	0.0		0.0		
8.5 NAIC 5.....						.XXX.....	0	0.0		0.0		
8.6 NAIC 6.....						.XXX.....	0	0.0		0.0		
8.7 Totals.....	0	0	0	0	0	.XXX.....	0	0.0	0	0.0	0	0
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.2 NAIC 2.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.3 NAIC 3.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.4 NAIC 4.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.5 NAIC 5.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.6 NAIC 6.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0		0.0		
9.7 Totals.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		0	0.0	0	0.0	0	0
<b>10. Unaffiliated Bank Loans</b>												
10.1 NAIC 1.....						.XXX.....	0	0.0		0.0		
10.2 NAIC 2.....						.XXX.....	0	0.0		0.0		
10.3 NAIC 3.....						.XXX.....	0	0.0		0.0		
10.4 NAIC 4.....						.XXX.....	0	0.0		0.0		
10.5 NAIC 5.....						.XXX.....	0	0.0		0.0		
10.6 NAIC 6.....						.XXX.....	0	0.0		0.0		
10.7 Totals.....	0	0	0	0	0	.XXX.....	0	0.0	0	0.0	0	0

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>11. Total Bonds Current Year</b>												
11.1 NAIC 1.....	(d).....548,661	.....1,243,446	.....1,122,406	.....1,384,494	.....1,297,946	.....0	.....5,596,953	.....100.0	.....XXX	.....XXX	.....5,596,953	.....0
11.2 NAIC 2.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11.3 NAIC 3.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11.4 NAIC 4.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11.5 NAIC 5.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11.6 NAIC 6.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11.7 Totals.....	.....548,661	.....1,243,446	.....1,122,406	.....1,384,494	.....1,297,946	.....0	(b).....5,596,953	.....100.0	.....XXX	.....XXX	.....5,596,953	.....0
11.8 Line 11.7 as a % of Col. 7.....	.....9.8	.....22.2	.....20.1	.....24.7	.....23.2	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....0.0
<b>12. Total Bonds Prior Year</b>												
12.1 NAIC 1.....							.....XXX	.....XXX	.....0	.....0.0		
12.2 NAIC 2.....							.....XXX	.....XXX	.....0	.....0.0		
12.3 NAIC 3.....							.....XXX	.....XXX	.....0	.....0.0		
12.4 NAIC 4.....							.....XXX	.....XXX	.....0	.....0.0		
12.5 NAIC 5.....							.....XXX	.....XXX	(c).....0	.....0.0		
12.6 NAIC 6.....							.....XXX	.....XXX	(c).....0	.....0.0		
12.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	(b).....0	.....0.0	.....0	.....0
12.8 Line 12.7 as a % of Col. 9.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....0.0	.....XXX	.....0.0	.....0.0
<b>13. Total Publicly Traded Bonds</b>												
13.1 NAIC 1.....	.....5,596,953						.....5,596,953	.....100.0	.....0	.....0.0	.....5,596,953	.....XXX
13.2 NAIC 2.....							.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
13.3 NAIC 3.....							.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
13.4 NAIC 4.....							.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
13.5 NAIC 5.....							.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
13.6 NAIC 6.....							.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
13.7 Totals.....	.....5,596,953	.....0	.....0	.....0	.....0	.....0	.....5,596,953	.....100.0	.....0	.....0.0	.....5,596,953	.....XXX
13.8 Line 13.7 as a % of Col. 7.....	.....100.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11.....	.....100.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....100.0	.....XXX	.....XXX	.....XXX	.....100.0	.....XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 NAIC 1.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.2 NAIC 2.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.3 NAIC 3.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.4 NAIC 4.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.5 NAIC 5.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.6 NAIC 6.....							.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
14.8 Line 14.7 as a % of Col. 7.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....XXX	.....XXX	.....0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....XXX	.....XXX	.....XXX	.....XXX	.....0.0

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(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$.....0 current year of bonds with Z designations and \$.....0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.  
 (c) Includes \$.....0 current year of bonds with 5GI designations, \$.....0 prior year of bonds with 5GI designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE D - PART 1A - SECTION 2**

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.08	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations.....	399,706	799,092	202,044		562,443	.XXX	1,963,285	35.1		0.0	1,963,285	
1.02 Residential Mortgage-Backed Securities.....					735,502	.XXX	735,502	13.1		0.0	735,502	
1.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
1.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
1.05 Totals.....	399,706	799,092	202,044	0	1,297,945	.XXX	2,698,787	48.2	0	0.0	2,698,787	0
<b>2. All Other Governments</b>												
2.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
2.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
2.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
2.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
2.05 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations.....	148,955	444,354	920,363	1,384,494		.XXX	2,898,166	51.8		0.0	2,898,166	
3.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
3.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
3.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
3.05 Totals.....	148,955	444,354	920,363	1,384,494	0	.XXX	2,898,166	51.8	0	0.0	2,898,166	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
4.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
4.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
4.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
4.05 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
5.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
5.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
5.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
5.05 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>6. Industrial and Miscellaneous (unaffiliated)</b>												
6.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
6.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
6.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
6.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
6.05 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
7.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
7.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
7.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
7.05 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations.....						.XXX	0	0.0		0.0		
8.02 Residential Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
8.03 Commercial Mortgage-Backed Securities.....						.XXX	0	0.0		0.0		
8.04 Other Loan-Backed and Structured Securities.....						.XXX	0	0.0		0.0		
8.05 Affiliated Bank Loans - Issued.....						.XXX	0	0.0		0.0		
8.06 Affiliated Bank Loans - Acquired.....						.XXX	0	0.0		0.0		
8.07 Totals.....	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.08	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>9. SVO Identified Funds</b>												
9.01 Exchange Traded Funds Identified by the SVO.....	.XXX	.XXX	.XXX	.XXX	.XXX		.0	.0		.0		
<b>10. Unaffiliated Bank Loans</b>												
10.01 Unaffiliated Bank Loans - Issued.....						.XXX	.0	.0		.0		
10.02 Unaffiliated Bank Loans - Acquired.....						.XXX	.0	.0		.0		
10.03 Totals.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.0	.0	.0	.0
<b>11. Total Bonds Current Year</b>												
11.01 Issuer Obligations.....	548,661	1,243,446	1,122,407	1,384,494	562,443	.XXX	4,861,451	86.9	.XXX	.XXX	4,861,451	.0
11.02 Residential Mortgage-Backed Securities.....	.0	.0	.0	.0	735,502	.XXX	735,502	13.1	.XXX	.XXX	735,502	.0
11.03 Commercial Mortgage-Backed Securities.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.XXX	.XXX	.0	.0
11.04 Other Loan-Backed and Structured Securities.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.XXX	.XXX	.0	.0
11.05 SVO Identified Funds.....	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX	.XXX	.0	.0
11.06 Affiliated Bank Loans.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.XXX	.XXX	.0	.0
11.07 Unaffiliated Bank Loans.....	.0	.0	.0	.0	.0	.XXX	.0	.0	.XXX	.XXX	.0	.0
11.08 Totals.....	548,661	1,243,446	1,122,407	1,384,494	1,297,945	.0	5,596,953	100.0	.XXX	.XXX	5,596,953	.0
11.09 Line 11.08 as a % of Col. 7.....	9.8	22.2	20.1	24.7	23.2	0.0	100.0	.XXX	.XXX	.XXX	100.0	.0
<b>12. Total Bonds Prior Year</b>												
12.01 Issuer Obligations.....						.XXX	.XXX	.XXX	.0	.0		
12.02 Residential Mortgage-Backed Securities.....						.XXX	.XXX	.XXX	.0	.0		
12.03 Commercial Mortgage-Backed Securities.....						.XXX	.XXX	.XXX	.0	.0		
12.04 Other Loan-Backed and Structured Securities.....						.XXX	.XXX	.XXX	.0	.0		
12.05 SVO Identified Funds.....	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX	.XXX	.0	.0
12.06 Affiliated Bank Loans.....						.XXX	.XXX	.XXX	.0	.0		
12.07 Unaffiliated Bank Loans.....						.XXX	.XXX	.XXX	.0	.0		
12.08 Totals.....	.0	.0	.0	.0	.0	.0	.XXX	.XXX	.0	100.0	.0	.0
12.09 Line 12.08 as a % of Col. 9.....	.0	.0	.0	.0	.0	.0	.XXX	.XXX	.0	.XXX	.0	.0
<b>13. Total Publicly Traded Bonds</b>												
13.01 Issuer Obligations.....	548,661	1,243,446	1,122,407	1,384,494	562,443	.XXX	4,861,451	86.9	.0	.0	4,861,451	.XXX
13.02 Residential Mortgage-Backed Securities.....					735,502	.XXX	735,502	13.1	.0	.0	735,502	.XXX
13.03 Commercial Mortgage-Backed Securities.....					.0	.XXX	.0	.0	.0	.0	.0	.XXX
13.04 Other Loan-Backed and Structured Securities.....					.0	.XXX	.0	.0	.0	.0	.0	.XXX
13.05 SVO Identified Funds.....	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.XXX
13.06 Affiliated Bank Loans.....					.0	.XXX	.0	.0	.0	.0	.0	.XXX
13.07 Unaffiliated Bank Loans.....					.0	.XXX	.0	.0	.0	.0	.0	.XXX
13.08 Totals.....	548,661	1,243,446	1,122,407	1,384,494	1,297,945	.0	5,596,953	100.0	.0	.0	5,596,953	.XXX
13.09 Line 13.08 as a % of Col. 7.....	9.8	22.2	20.1	24.7	23.2	0.0	100.0	.XXX	.XXX	.XXX	100.0	.XXX
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11.....	9.8	22.2	20.1	24.7	23.2	0.0	100.0	.XXX	.XXX	.XXX	100.0	.XXX
<b>14. Total Privately Placed Bonds</b>												
14.01 Issuer Obligations.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.02 Residential Mortgage-Backed Securities.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.03 Commercial Mortgage-Backed Securities.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.04 Other Loan-Backed and Structured Securities.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.05 SVO Identified Funds.....	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.XXX	.0
14.06 Affiliated Bank Loans.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.07 Unaffiliated Bank Loans.....						.XXX	.0	.0	.0	.0	.XXX	.0
14.08 Totals.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.0
14.09 Line 14.08 as a % of Col. 7.....	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX	.XXX	.XXX	.0
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11.....	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX	.XXX	.XXX	.0

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## SCHEDULE DA - VERIFICATION BETWEEN YEARS

### Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	0				
2. Cost of short-term investments acquired.....	0				
3. Accrual of discount.....	0				
4. Unrealized valuation increase (decrease).....	0				
5. Total gain (loss) on disposals.....	0				
6. Deduct consideration received on disposals.....	0				
7. Deduct amortization of premium.....	0				
8. Total foreign exchange change in book/adjusted carrying value.....	0				
9. Deduct current year's other-than-temporary impairment recognized.....	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0	0	0	0
11. Deduct total nonadmitted amounts.....	0				
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0	0	0	0

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

**SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year).....	_____	
2.	Cost paid/(consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12.....	_____	
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14.....	_____	0
3.	Unrealized valuation increase/(decrease):		
3.1	Section 1, Column 17.....	_____	
3.2	Section 2, Column 19.....	_____	0
4.	SSAP No. 108 Adjustments.....	_____	
5.	Total gain (loss) on termination recognized, Section 2, Column 22.....	_____	
6.	Considerations received/(paid) on terminations, Section 2, Column 15.....	_____	
7.	Amortization:		
7.1	Section 1, Column 19.....	_____	
7.2	Section 2, Column 21.....	_____	0
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item:		
8.1	Section 1, Column 20.....	_____	
8.2	Section 2, Column 23.....	_____	0
9.	Total foreign exchange change in Book/Adjusted Carrying Value:		
9.1	Section 1, Column 18.....	_____	
9.2	Section 2, Column 20.....	_____	0
10.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 + 7 + 8 + 9).....	_____	0
11.	Deduct nonadmitted assets.....	_____	
12.	Statement value at end of current period (Line 10 minus Line 11).....	_____	0

**SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS**

Futures Contracts

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 6 prior year).....	_____	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column).....	_____	
3.1	Add:		
	Change in variation margin on open contracts - highly effective hedges:		
3.11	Section 1, Column 15, current year minus.....	_____	
3.12	Section 1, Column 15, prior year.....	_____	0
	Change in the valuation margin on open contracts - all other:		
3.13	Section 1, Column 18, current year minus.....	_____	
3.14	Section 1, Column 18, prior year.....	_____	0
3.2	Add:		
	Change in adjustment to basis of hedged item:		
3.21	Section 1, Column 17, current year to date minus.....	_____	
3.22	Section 1, Column 17, prior year.....	_____	0
	Change in amount recognized:		
3.23	Section 1, Column 19, current year to date minus.....	_____	
3.24	Section 1, Column 19, prior year plus.....	_____	
3.25	SSAP No. 108 Adjustments.....	_____	0
3.3	Subtotal (Line 3.1 minus Line 3.2).....	_____	0
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15).....	_____	
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17).....	_____	
4.22	Amount recognized (Section 2, Column 16).....	_____	
4.23	SSAP No. 108 Adjustments.....	_____	0
4.3	Subtotal (Line 4.1 minus Line 4.2).....	_____	0
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Total gain (loss) recognized for terminations in prior year.....	_____	
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year.....	_____	
6.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....	_____	0
7.	Deduct nonadmitted assets.....	_____	
8.	Statement value at end of current period (Line 6 minus Line 7).....	_____	0

## SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic) Asset Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desig. or Other Description	Book/Adjusted Carrying Value	Fair Value

## SCHEDULE DB - PART C - SECTION 2

### Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. Add: Opened or Acquired Transactions.....									.....0	.....0
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	.XXX		.XXX		.XXX		.XXX		.XXX	.....0
4. Less: Closed or Disposed of Transactions.....									.....0	.....0
5. Less: Positions Disposed of for Failing Effectiveness Criteria.....									.....0	.....0
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value.....	.XXX		.XXX		.XXX		.XXX		.XXX	.....0
7. Ending inventory.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

## SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14.....		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote-Total Ending Cash Balance.....		
3.	Total (Line 1 plus Line 2).....		0
4.	Part D, Section 1, Column 6.....		
5.	Part D, Section 1, Column 7.....		
6.	Total (Line 3 minus Line 4 minus Line 5).....		0

Fair Value Check

7.	Part A, Section 1, Column 16.....		
8.	Part B, Section 1, Column 13.....		
9.	Total (Line 7 plus Line 8).....		0
10.	Part D, Section 1, Column 9.....		
11.	Part D, Section 1, Column 10.....		
12.	Total (Line 9 minus Line 10 minus Line 11).....		0

Potential Exposure Check

13.	Part A, Section 1, Column 21.....		
14.	Part B, Section 1, Column 20.....		
15.	Part D, Section 1, Column 12.....		
16.	Total (Line 13 plus Line 14 minus Line 15).....		0



## SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

### Cash Equivalents

	1 Total	2 Bonds	3 Money Market Mutual Funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	68,788,952		68,788,952	
2. Cost of cash equivalents acquired.....	1,435,537		1,435,537	
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	23,700,000		23,700,000	
7. Deduct amortization of premium.....	0			
8. Total foreign exchange change in book/adjusted carrying value.....	0			
9. Deduct current year's other-than-temporary impairment recognized.....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	46,524,489	0	46,524,489	0
11. Deduct total nonadmitted amounts.....	0			
12. Statement value at end of current period (Line 10 minus Line 11).....	46,524,489	0	46,524,489	0

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(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.....

## SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Code	Location		5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	Change in Book/Adjusted Carrying Value Less Encumbrances					16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs, and Expenses Incurred
		3 City	4 State							11 Current Year's Depreciation	12 Current Year's Other-Than-Temporary Impairment Recognized	13 Current Year's Change in Encumbrances	14 Total Change in B./A.C.V. (13 - 11 - 12)	15 Total Foreign Exchange Change in B./A.C.V		
<b>Properties Occupied by the Reporting Entity - Health Care Delivery</b>																
Two story building.....		San Juan.....	PR.....	10/15/1996.	06/30/2000.	350,000	0	0	500,000	5,759	0	0	(5,759)	0	0	0
0199999. Properties Occupied by the Reporting Entity - Health Care Delivery.....						350,000	0	0	500,000	5,759	0	0	(5,759)	0	0	0
0399999. Total - Properties Occupied by the Reporting Entity.....						350,000	0	0	500,000	5,759	0	0	(5,759)	0	0	0
0699999. Totals.....						350,000	0	0	500,000	5,759	0	0	(5,759)	0	0	0

## SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

1	Location		4	5	6	7	8	9
Description of Property	2	3	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
	City	State						

### SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A. C. V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred

## SCHEDULE B - PART 1

Showing all Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	Location		5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/Recorded Investment Excluding Accrued Interest	Change in Book Value/Recorded Investment					14 Value of Land and Buildings	15 Date of Last Appraisal or Valuation
		City	State					9 Unrealized Valuation Increase (Decrease)	10 Current Year (Amortization) / Accretion	11 Current Year's Other- Than-Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in Book Value		

General Interrogatory:

1. Mortgages in good standing \$.....0 unpaid taxes \$.....0 interest due and unpaid.
2. Restructured mortgages \$.....0 unpaid taxes \$.....0 interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.
4. Mortgages in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.

### SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	Location		4	5	6	7	8	9
Loan Number	2 City	3 State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings

### SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	Location		4	5	6	7	Change in Book Value/Recorded Investment					14	15	16	17	18	
	2	3					8	9	10	11	12						13
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

### SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2	3	Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20
			4	5								13	14	15	16	17			
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership
Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:																		
1A.	1A	1B	1C	1D	1E	1F	1G												
1B.	2A	2B	2C																
1C.	3A	3B	3C																
1D.	4A	4B	4C																
1E.	5A	5B	5C																
1F.	6																		



## SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	Location		5	6	7	8	9	10	11
CUSIP Identification	Name or Description	3	4	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership
		City	State							

### SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets **DISPOSED**, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

### SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2			Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates		
				3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description			Code	For	Bond	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
<b>U.S. Government - Issuer Obligations</b>																								
31288Q	NP	1	FHLMC PL 0084129				1.A	219,268		198,069	192,197	198,069	(21,199)				2.593					11/22/2021	02/01/2047	
31288Q	MR	8	FHLMC PL 841268				1.A	182,366		182,366	175,441	182,366					2.424					12/02/2021	02/01/2047	
31288Q	MS	6	FHLMC PL 841269				1.A	182,008		182,008	175,077	182,008					2.419					12/15/2021	02/01/2047	
3130AQ	AL	7	FEDERAL HOME LN BANK NTS				1.A	199,918		199,918	200,000	199,918					6.500					12/20/2021	09/09/2023	
3133EN	GW	4	FFCB BOND				1.A	199,438		199,438	200,000	199,438					0.650					12/20/2021	12/13/2023	
3130AQ	6Y	4	FEDERAL HOME LN BANK				1.A	199,796		199,796	200,000	199,796					0.850					12/15/2021	03/28/2024	
3130AQ	6Y	4	FEDERAL HOME LN BANK				1.A	200,044		200,044	200,000	200,044					1.000					12/02/2021	12/21/2021	
3130AP	VZ	5	FHLB NTS				1.A	199,662		199,662	200,000	199,662					1.050					11/15/2021	12/02/2021	
3130AQ	BK	8	FEDERAL HOME LN BANK NTS				1.A	199,940		199,940	200,000	199,940					0.750					12/07/2021	06/03/2025	
PL 510	78	9	SBA PL 510789				1.A	202,044		202,044	188,028	202,044					0.750					11/17/2021	06/25/2031	
0199999	U.S. Government - Issuer Obligations							1,984,484	XXX	1,963,285	1,930,743	1,963,285	(21,199)	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
<b>U.S. Government - Residential Mortgage-Backed Securities</b>																								
E10	3140JB	N8	5	FNMA PL BM6714			1.A	167,935		167,935	161,083	167,935					2.637					11/19/2021	05/01/2046	
	3140JV	QV	1	FNMA PL BM6767			1.A	186,112		186,112	179,926	186,112					1.938					12/13/2021	09/01/2049	
	3140JB	SR	8	FNMA PL BM6827			1.A	197,799		197,799	190,913	197,799					2.285					11/12/2021	02/01/2050	
	3140JB	SC	1	FNMA PL BM6814			1.A	183,656		183,656	177,050	183,656					2.767					12/21/2021	06/01/2050	
0299999	U.S. Government - Residential Mortgage-Backed Securities							735,502	XXX	735,502	708,972	735,502	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0599999	Total - U.S. Government							2,719,986	XXX	2,698,787	2,639,715	2,698,787	(21,199)	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
<b>U.S. States, Territories &amp; Possessions (Direct and Guaranteed) - Issuer Obligations</b>																								
97712D	HJ	8	WISCONSIN ST HEALTH & ED				1.A	169,269		169,269	150,000	169,269					5.000					11/16/2021	11/15/2025	
248866	6H	3	DENTON TX GO LT BE/R				1.A	127,888		127,888	110,000	127,888					4.000					11/16/2021	02/15/2027	
386475	HF	7	GRAND STRAND WTR&SWR AUT				1.A	147,197		147,197	120,000	147,197					5.000					11/16/2021	06/01/2027	
64711R	LP	9	NEW MEXICO FIN AUT TRANS				1.A	138,783		138,783	125,000	138,783					5.000					11/16/2021	06/15/2027	
497592	LL	7	KIRKWOOD CMNTY CLGE IA				1.A	184,921		184,921	155,000	184,921					4.000					11/16/2021	06/01/2029	
645002	A5	5	NEW HAVEN CA UNI SCH				1.A	182,163		182,163	160,000	182,163					4.000					11/16/2021	08/01/2029	
021087	YB	1	ALPINE UT S/D GO-07				1.A	147,699		147,699	120,000	147,699					4.000					11/16/2021	03/15/2030	
702755	DS	5	PASSAIC CNTY NJ IMPT AU				1.A	140,362		140,362	115,000	140,362					4.000					11/18/2021	08/15/2031	
700246	JB	8	PARK CITY UTAH GO REF				1.A	126,434		126,434	100,000	126,434					5.000					11/16/2021	02/01/2032	
438701	S8	8	HONOLULU HAWAII CITY				1.A	150,338		150,338	125,000	150,338					4.000					11/17/2021	07/01/2032	
495224	3S	4	KING CNTY WA SD#411				1.A	180,050		180,050	150,000	180,050					5.000					11/16/2021	12/01/2032	
20772K	LX	5	CONNECTICUT ST				1.A	139,430		139,430	125,000	139,430					3.000					11/24/2021	01/15/2033	
940157	L7	3	WASHINGTON MD SUBURBN				1.A	207,918		207,918	175,000	207,918					5.000					11/16/2021	06/01/2034	
31288Q	NP	1	CLARKSVILLE TN WTR SWR				1.A	184,262		184,262	140,000	184,262					5.000					11/17/2021	02/01/2036	
679111	XW	9	OKLAHOMA ST TPK AUTH				1.A	167,689		167,689	140,000	167,689					5.000					11/16/2021	01/01/2037	
734262	FS	2	PORT HOUSTON AUTH TX				1.A	148,955		148,955	120,000	148,955					4.000					11/17/2021	12/09/2021	
052414	SP	5	AUSTIN TEX ELEC				1.A	127,926		127,926	100,000	127,926					5.000					11/17/2021	11/15/2038	
64972G	SQ	8	NEW YORK NY CITY MUN WT				1.A	226,882		226,882	180,000	226,882					5.000					11/17/2021	06/15/2040	
1199999	U.S. States, Territories & Possessions - Issuer Obligations							2,898,166	XXX	2,898,166	2,410,000	2,898,166	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999	Total - U.S. States, Territories & Possessions (Direct and Guaranteed)							2,898,166	XXX	2,898,166	2,410,000	2,898,166	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX

## SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	n	Bond CHAR	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
<b>Totals</b>																					
7699999	Total - Issuer Obligations.....					4,882,650	XXX	4,861,451	4,340,743	4,861,451	(21,199)	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999	Total - Residential Mortgage-Backed Securities.....					735,502	XXX	735,502	708,972	735,502	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999	Grand Total - Bonds.....					5,618,152	XXX	5,596,953	5,049,715	5,596,953	(21,199)	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
1A.	1A .....5,596,953      1B .....0      1C .....0      1D .....0      1E .....0      1F .....0      1G .....0
1B.	2A .....0      2B .....0      2C .....0
1C.	3A .....0      3B .....0      3C .....0
1D.	4A .....0      4B .....0      4C .....0
1E.	5A .....0      5B .....0      5C .....0
1F.	6 .....0

### SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	n	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusting Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Date Acquired

Line Number

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A.	1A .....	0	1B .....	0	1C .....	0	1D .....	0	1E .....	0	1F .....	0	1G .....	0
1B.	2A .....	0	2B .....	0	2C .....	0								
1C.	3A .....	0	3B .....	0	3C .....	0								
1D.	4A .....	0	4B .....	0	4C .....	0								
1E.	5A .....	0	5B .....	0	5C .....	0								
1F.	6 .....	0												

## SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	gn	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	Date Acquired	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Common Stocks - Mutual Funds</b>																	
543916 10 0	Lord Abbett Short Duration Income Fund.....			112,612,000	468,468	4.210	468,468	500,000		13,579		(5,631)		(5,631)		06/05/2015	
9499999	Total - Common Stocks - Mutual Funds.....				468,468	XXX	468,468	500,000	0	13,579	0	(5,631)	0	(5,631)	0	XXX	XXX
9799999	Total - Common Stock.....				468,468	XXX	468,468	500,000	0	13,579	0	(5,631)	0	(5,631)	0	XXX	XXX
9899999	Total Common and Preferred Stock.....				468,468	XXX	468,468	500,000	0	13,579	0	(5,631)	0	(5,631)	0	XXX	XXX

Line Number

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A.	1A	1B	1C	1D	1E	1F	1G
	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1B.	2A	2B	2C				
	.....0	.....0	.....0				
1C.	3A	3B	3C				
	.....0	.....0	.....0				
1D.	4A	4B	4C				
	.....0	.....0	.....0				
1E.	5A	5B	5C				
	.....0	.....0	.....0				
1F.	6						
	.....0						

## SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
<b>Bonds - U.S. Government</b>								
3130AP VZ 5	FHLB NTS.....		11/15/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		199,662		
3130AQ 6Y 4	FEDERAL HOME LN BANK.....		12/07/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		200,044		
3130AQ AL 7	FEDERAL HOME LN BANK NTS.....		12/20/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		199,918		
3133EN GW 4	FFCB BOND.....		12/20/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		199,438		
3130AQ 6Y 4	FEDERAL HOME LN BANK.....		12/15/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		199,796		
3130AQ BK 8	FEDERAL HOME LN BANK NTS.....		12/07/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		199,940		
83164M 7A 1	SBA PL 510789.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		202,044	188,028	
31288Q MS 6	FHLMC PL 841269.....		12/15/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		182,008	175,077	
31288Q MR 8	FHLMC PL 841268.....		12/02/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		182,366	175,441	
31288Q NP 1	FHLMC PL 0084129.....		11/22/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		219,268	192,197	
0599999	Total - Bonds - U.S. Government.....					1,984,484	730,743	0
<b>Bonds - All Other Government</b>								
3140JB N8 5	FNMA PL BM6714.....		11/19/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		167,935	161,083	
3140JB QV 1	FNMA PL BM6767.....		12/13/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		186,112	179,926	
3140JB SR 8	FNMA PL BM6827.....		11/12/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		197,799	190,913	
3140JB SC 1	FNMA PL BM6814.....		12/21/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		183,656	177,050	
1099999	Total - Bonds - All Other Government.....					735,502	708,972	0
<b>Bonds - U.S. States, Territories and Possessions</b>								
734262 FS 2	PORT HOUSTON AUTH TX.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		148,955		
97712D HJ 8	WISCONSIN ST HEALTH & ED.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		169,269		
248866 6H 3	DENTON TX GO LT BE/R.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		127,888		
386475 HF 7	GRAND STRAND WTR&SWR AUT.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		147,197		
64711R LP 9	NEW MEXICO FIN AUT TRANS.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		138,783		
497592 LL 7	KIRKWOOD CMNTY CLGE IA.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		184,921		
645002 A5 5	NEW HAVEN CA UNI SCH.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		182,163		
021087 YB 1	ALPINE UT S/D GO-07.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		147,699		
702755 DS 5	PASSAIC CNTY NJ IMPT AU.....		11/18/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		140,362		
700246 JB 8	PARK CITY UTAH GO REF.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		126,434		
438701 S8 8	HONOLULU HAWAII CITY.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		150,338		
495224 3S 4	KING CNTY WA SD#411.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		180,050		
20772K LX 5	CONNECTICUT ST.....		11/24/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		139,430		
940157 L7 3	WASHINGTON MD SUBURBN.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		207,918		
31288Q NP 1	CLARKSVILLE TN WTR SWR.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		184,262		
679111 XW 9	OKLAHOMA ST TPK AUTH.....		11/16/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		167,689		
052414 SP 5	AUSTIN TEX ELEC.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		127,926		
64972G SQ 8	NEW YORK NY CITY MUN WT.....		11/17/2021.....	UBS Financial Services through Dana Investments and Nuveen Asset Msnagement.....		226,882		
1799999	Total - Bonds - U.S. States, Territories & Possessions.....					2,898,166	0	0
8399997	Total - Bonds - Part 3.....					5,618,152	1,439,715	0
8399999	Total - Bonds.....					5,618,152	1,439,715	0
9999999	Total - Bonds, Preferred and Common Stocks.....					5,618,152	XXX	0

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### SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date



### SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	For Foreign Disposal	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends

**SCHEDULE D - PART 6 - SECTION 1**  
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Book/Adjusted Carrying Value	8 Total Amount of Goodwill Included in Book/Adjusted Carrying Value	9 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date	
									10 Number of Shares	11 % of Outstanding

1. Total amount of goodwill nonadmitted.....\$ .....

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**SCHEDULE D - PART 6 - SECTION 2**

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Goodwill Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding

## SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest						20 Paid for Accrued Interest
	2 Code	3 n					8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization) / Accretion	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued December 31 of Current Year on Bond Not in Default	15 Nonadmitted Due and Accrued	16 Rate of	17 Effective Rate of	18 When Paid	19 Amount Received During Year	

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A.	1A	1B	1C	1D	1E	1F	1G
1B.	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1C.	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1D.	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1E.	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1F.	.....0	.....0	.....0	.....0	.....0	.....0	.....0

**SCHEDULE DB - PART A - SECTION 1**

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Items(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value	Carrying Value	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) / Accretion	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (b)

## SCHEDULE DB - PART A - SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/Adjusted Carrying Value		Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) / Accretion	Gain (Loss) on Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) on Termination - Deferred	Hedge Effectiveness at Inception and at Termination (b)
<b>Total Written Options</b>																								
<b>TOTALS</b>																								

## SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22
														15	16	17					
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-end (b)	Value of One (1) Point

**SCHEDULE DB - PART B - SECTION 2**  
 Futures Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Variation Margin			19	20
															16	17	18		
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Cumulative Variation Margin at Termination	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred	Hedge Effectiveness at Inception and at Termination (b)	Value of One (1) Point

**SCHEDULE DB - PART D - SECTION 1**  
 Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	Counterparty Offset		Book Adjusted Carrying Value			Fair Value			12 Potential Exposure	13 Off-Balance Sheet Exposure
			4 Fair Value of Acceptable Collateral	5 Present Value of Financing Premium	6 Contracts with Book/Adjusted Carrying Value > 0	7 Contracts with Book/Adjusted Carrying Value < 0	8 Exposure Net of Collateral	9 Contracts with Fair Value > 0	10 Contracts with Fair Value < 0	11 Exposure Net of Collateral		
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64						0	0					



### SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

1 Exchange Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
---	----------------------------	---------------------------	------------------	-----------------	----------------	-----------------------------------	--------------------	----------------------------------

## SCHEDULE DB - PART E

### Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

CDHS		Hedged Item								Hedging Instruments								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Identifier	Description	Prior Fair Value in Full Contract Cash Flows Attributed to Interest Rates	Ending Fair Value in Full Contract Cash Flows Attributed to Interest Rates	Fair Value Gain (Loss) in Full Contract Cash Flows Attributed to Interest Rates (4-3)	Fair Value Gain (Loss) in Hedged Item Attributed to Hedged Risk	Current Year Increase (Decrease) in VM-21 Liability	Current Year Increase (Decrease) in VM-21 Liability Attributed to Interest Rates	Change in the Hedged Item Attributed to Hedged Risk Percentage (6/5)	Current Year Increase (Decrease) in VM-21 Liability Attributed to Hedged Risk (8*9)	Prior Deferred Balance	Current Year Fair Value Fluctuation of the Hedge Instruments	Current Year Natural Offset to VM-21 Liability	Hedging Instruments' Current Fair Value Fluctuation Not Attributed to Hedged Risk	Hedge Gain (Loss) in Current Year Deferred Adjustment [12 - (13 + 14)]	Current Year Prescribed Deferred Amortization	Current Year Additional Deferred Amortization	Current Year Total Deferred Amortization (16 + 17)	Ending Deferred Balance (11 + 15 + 18)

## SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

(Securities lending collateral assets reported in aggregate on one Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E.)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Date

General Interrogatories:

1. The activity for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

Line Number Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

3A.	1A	.....0	1B	.....0	1C	.....0
			1D	.....0	1E	.....0
			1F	.....0	1G	.....0
3B.	2A	.....0	2B	.....0	2C	.....0
3C.	3A	.....0	3B	.....0	3C	.....0
3D.	4A	.....0	4B	.....0	4C	.....0
3E.	5A	.....0	5B	.....0	5C	.....0
3F.	6	.....0				

**SCHEDULE DL - PART 2  
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned December 31 Current Year

(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Date

General Interrogatories:

1. The activity for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

**SCHEDULE E - PART 1 - CASH**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
<b>Open Depositories</b>						
Banco Popular 022 ... San Juan P.R.....		1.20	7,199		9,823	XXX
Banco Popular 022-266369 ..... San Juan.PR.....					(612,948)	XXX
Banco Popular 022-233377..... San Juan PR.....		0.40	196,558		39,426,008	XXX
Banco Popolar 030-068185..... San Juan PR.....					(268,085)	XXX
Banco Popular 022-330048 ..... San Juan PR.....					(9,433,111)	XXX
Banco Popular 030-13429 ..... San Juan PR.....					(1,367,265)	XXX
Banco Popular 030-14271 ..... San Juan PR.....					(7,159,876)	XXX
Banco Popular 030-014123 ..... San Juan PR.....		0.40	436,928		85,095,995	XXX
First Bank 020-Business Plus..... San Juan, PR.....					13,010,695	XXX
0199999. Total - Open Depositories.....	XXX	XXX	640,685	0	118,701,236	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	640,685	0	118,701,236	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	7,403	XXX
0599999. Total Cash.....	XXX	XXX	640,685	0	118,708,639	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	163,677,587	4. April.....	106,522,317	7. July.....	145,843,249	10. October.....	131,991,329
2. February.....	171,833,901	5. May.....	158,580,348	8. August.....	118,053,435	11. November.....	122,970,287
3. March.....	180,683,509	6. June.....	149,143,804	9. September.....	108,962,950	12. December.....	118,708,638

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>All Other Money Market Mutual Funds</b>								
	UBS.....					16,333,543		
	Popular Securities.....					20,498,189		
	Merril Lynch.....					9,692,757		
8699999	Total - All Other Money Market Mutual Funds.....					46,524,489	.0	.0
9999999	Total - Cash Equivalents.....					46,524,489	.0	.0

Line Nuber	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
1A.	1A .....0      1B .....0      1C .....0      1D .....0
1B.	1E .....0      1F .....0      1G .....0
1C.	2A .....0      2B .....0      2C .....0
1D.	3A .....0      3B .....0      3C .....0
1E.	4A .....0      4B .....0      4C .....0
1F.	5A .....0      5B .....0      5C .....0
	6 .....0

## SCHEDULE E - PART 3 - SPECIAL DEPOSITS

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

**DETAILS OF WRITE-INS**

5801.						
5802.						
5803.						
5898.	Summary of remaining write-ins for line 58 from overflow page.....	XXX	.0	.0	.0	.0
5899.	Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	.0	.0	.0	.0

# Relief Related to the Five-Year Rotation Requirement for Lead Audit Partner

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# Relief Related to the One-Year Cooling Off Period for Independent CPA

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# Relief Related to the Requirements for Audit Committees

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# MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code....00

(To Be Filed By March 1)

NAIC Company Code....95722

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
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	0	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	0	XXX	.0
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
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		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	0	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	0	XXX	.0
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		XXX	.0
15. Expenses Incurred.....		XXX		XXX	XXX
16. Underwriting Gain/Loss.....	0	XXX	0	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	.0



**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

**For the Year Ended December 31, 2021  
(To Be Filed by March 1)**

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES  
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH/FRATERNAL,  
TITLE, AND HEALTH INSURANCE BLANKS**

**TO ANNUAL STATEMENT OF**

**First Medical Health Plan , Inc.  
COMPANY**

## FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

Answer.....

If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

Answer.....

If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders.

If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect of the Annual Meeting?

Answer.....

If answer is "No" explain in detail below. Attach separate sheet if necessary.

(2) Did it contain the following financial statements (indicate answer in column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

**To be answered by Life and A & H Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Summary of Operations.....
- c. Surplus Account.....

**To be answered by Property and Casualty Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income.....
- c. Capital and Surplus Account.....

**To be answered by Title Insurance Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income - Operations and Investment Exhibit.....
- c. Capital and Surplus Account.....

**To be answered by Health Insurance Companies:**

- a. Statement of Assets, Liabilities, Capital and Surplus.....
- b. Statement of Revenue and Expenses.....
- c. Capital and Surplus Account.....

Column A		Column B	
Yes	No	Yes	No

## INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1	2	3	4	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
Name and Title	Principle Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
  - B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the company, as a group, without naming them.

XX)

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer ..... If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders. If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

## STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3	Number of Shares				8	9
					Disposed of During	Current Year		
					6	7		
Name and title of (a) Each Director and Each Officer with any Ownership and (b) any Other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at End of Prior Year	Acquired During Current Year	Held less Than 6 Months	Held 6 Months or More	Owned at End of Current Year	Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer ..... If answer is "no" explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer .....

Has the state of domicile granted an exemption or disclaimer of control? Answer.....

If answer is "yes" explain:

---

**FOOTNOTES:**

*Pablo J. Olmo Rodríguez, FSA, CERA, MAAA*

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Marginal Buchanan 530  
Guaynabo, PR 00966

Mr. Francisco J. Artau Feliciano  
President  
First Medical Health Plan Inc.  
530 Marginal Buchanan  
Guaynabo, PR 00966

**Re: Actuarial Memorandum for First Medical Health Plan Inc. for December 31, 2021  
Reserves**

Dear Mr. Artau,

As requested, enclosed please find the certification for First Medical Health Plan Inc. Year End reserve opinion as of December 31, 2021.

Please contact me at 787-239-0043 or by email at [p.olmo@firstmedical.com](mailto:p.olmo@firstmedical.com) if you have any questions. I look forward to continuing working with you.

Sincerely,



Pablo J. Olmo Rodríguez, FSA, CERA, MAAA, JD  
Vice President Actuarial Affairs



*Pablo J. Olmo Rodríguez, FSA, CERA, MAAA*  
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**Statement of Actuarial Opinion and Memorandum**

**FIRST MEDICAL HEALTH PLAN, INC.**

**December 31, 2021**

**TABLE OF KEY INDICATORS**

This Opinion is:  Unqualified     Qualified     Adverse     Inconclusive

**IDENTIFICATION SECTION**

Prescribed Wording Only { } Prescribed Wording & Additional Wording { } Revised Wording

**SCOPE SECTION**

Prescribed Wording Only { } Prescribed Wording & Additional Wording { } Revised Wording

**RELIANCE SECTION**

Prescribed Wording Only { } Prescribed Wording & Additional Wording { } Revised Wording

**OPINION SECTION**

Prescribed Wording Only { } Prescribed Wording & Additional Wording { } Revised Wording

**RELEVANT COMMENTS**

{ } Revised Wording – Not Applicable

I, Pablo Olmo Rodríguez, FSA, CERA, MAAA, a member of the American Academy of Actuaries, have been appointed by, or by the authority of, the Board of Directors of First Medical Health Insurance (“Company”) to render this opinion on March 30, 2022. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with state regulatory officials, as of December 31, 2021. Tabulated below are those reserves and related actuarial items that have been subjected to asset adequacy analysis.



## **SCOPE**

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2021. The total premiums written for medical plan services during the year 2021 were \$1,397,657,901. Total membership as of 12-31-2021 was 583,555, with total member exposure months for the full calendar year of 6,939,045.

1. Claims unpaid (Page 3, Line 1) of \$153,895,202;
2. Accrued medical incentive pool and bonus payments (Page 3, Line 2) of \$0;
3. Unpaid claims adjustment expenses (Page 3, Line 3) of \$1,865,435;
4. Aggregate health policy reserves (Page 3, Line 4) of \$0 including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;
5. Aggregate life policy reserves (Page 3, Line 5) of \$0;
6. Property/Casualty Unearned Premium Reserve (Page 3, Line 6) of \$0;
7. Aggregate health claim reserves (Page 3, Line 7) of \$0;
8. Unearned premium reserve for premiums received in advanced (Page 3, Line 8) of \$ 591,925;
9. Specified actuarial items presented as assets in the annual statement \$0.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

## **RELIANCE**

In forming my opinion on unpaid claim and claims adjustment expense reserves, I relied on data prepared by William Zayas, VP of Finance, as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit — Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

The following data and documentation has been prepared and submitted to my attention in order to make the analysis required for the 2021 Year end Actuarial Opinion. I have reviewed the results for completeness and accuracy.

1. 2021 Annual Statement
2. 2020 Annual Statement
3. 2021 RBC Analysis
4. 2020 RBC Analysis



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5. Financial data including:
  - a. Membership
  - b. Billed Premiums
  - c. Collected Premiums
  - d. Received Claims by Service Month as of February 28<sup>th</sup>, 2022
  - e. Paid Claims by Service Month as of February 28<sup>th</sup>, 2022
  - f. Expenses
  - g. LAE Reserves
  - h. Premium Receivable

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the insurance laws and regulations of the Commonwealth of Puerto Rico and are at least as great as the minimum aggregate amount required by any state,
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the proceeding year-end,
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit — Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by Actuarial Standards Boards, which Standards form the basis of this statement of opinion.

## **RELEVANT COMMENTS**

Because claim occurrences are somewhat random by nature and subject to uncertainty, actual developments may vary, perhaps significantly, from the amounts in the Scope section above. No warranty is expressed or implied that this will not occur.

Administrative Services Only portion of the operation is not included in the scope of this analysis. No claim reserve for pharmaceutical benefits has been established due to the short nature of the



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claims process, total liability for pharmacy benefits payable to providers as of 12-31-2021 is \$19,357,536. Reserves for Loss Adjustment Expenses (LAE) of \$1,865,435 have been provided by Mr. Zayas.

I have neither examined the assets of the Company nor formed any opinion as to the value or validity of the assets. My opinion that the reserves make a reasonable provision in the aggregate for unpaid loss and loss adjustment expense obligations of the Company presumes that these reserves are backed by valid assets and that these assets reflect suitably scheduled maturities and/or sufficient liquidity to meet cash flow requirements.

This Statement of Actuarial Opinion is intended solely for filing with state regulatory agencies.



Pablo J. Olmo Rodríguez, FSA, CERA, MAAA, JD  
VP Actuarial

March 30, 2021

**B. Claims Reserve Summary of Results**

**I. Title XIX - Medicaid**

Service Month	Total Received by Service Month	IBNR Factor	Ultimate Claims Estimate	Recalculated IBNR as of 2/28/22
2020 - 07	\$27,507,063	1.001	\$27,544,361	\$ 37,298
2020 - 08	\$30,753,180	1.003	\$30,844,145	\$ 90,964
2020 - 09	\$32,364,693	1.007	\$32,576,469	\$ 211,776
2020 - 10	\$35,603,068	1.011	\$35,983,818	\$ 380,750
2020 - 11	\$32,260,571	1.014	\$32,704,916	\$ 444,345
2020 - 12	\$34,233,473	1.018	\$34,859,342	\$ 625,869
2021 - 01	\$33,506,545	1.024	\$34,310,692	\$ 804,147
2021 - 02	\$36,219,634	1.029	\$37,268,462	\$ 1,048,828
2021 - 03	\$45,447,384	1.033	\$46,954,060	\$ 1,506,676
2021 - 04	\$38,809,738	1.039	\$40,330,771	\$ 1,521,032
2021 - 05	\$38,594,247	1.045	\$40,322,348	\$ 1,728,101
2021 - 06	\$40,017,345	1.050	\$42,001,483	\$ 1,984,138
2021 - 07	\$38,492,793	1.055	\$40,603,968	\$ 2,111,175
2021 - 08	\$43,188,025	1.062	\$45,852,575	\$ 2,664,550
2021 - 09	\$41,229,422	1.069	\$44,064,858	\$ 2,835,436
2021 - 10	\$40,086,483	1.081	\$43,324,084	\$ 3,237,601
2021 - 11	\$37,096,087	1.115	\$41,349,842	\$ 4,253,756
2021 - 12	\$33,443,121	1.232	\$41,217,821	\$ 7,774,701
2022 - 01	\$20,827,161	1.662	\$34,622,681	
2022 - 02	\$2,301,239	9.866	\$22,703,194	
		IBNR prior 2022		\$ 33,261,143
		Rec 2022 prior		\$ 53,725,062
		Recalculation		\$ 86,986,205

\*IBNR has been calculated based on service date - paid date which includes a provision for reported medical and hospital claims not yet paid.

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**II. Comprehensive (hospital and medical)**

Service Month	Total Received by Service Month	IBNR Factor	Ultimate Claims Estimate	Recalculated IBNR as of 2/28/22
2020 - 08	\$20,070,368	1.000	\$20,070,552	\$185
2020 - 09	\$19,998,574	1.000	\$19,998,758	\$184
2020 - 10	\$21,853,609	1.000	\$21,854,419	\$810
2020 - 11	\$18,807,951	1.000	\$18,809,530	\$1,579
2020 - 12	\$19,659,459	1.000	\$19,663,580	\$4,121
2021 - 01	\$19,089,133	1.000	\$19,096,740	\$ 7,607
2021 - 02	\$21,513,871	1.001	\$21,526,780	\$12,909
2021 - 03	\$24,432,533	1.001	\$24,454,926	\$22,393
2021 - 04	\$21,855,998	1.001	\$21,884,748	\$28,750
2021 - 05	\$21,324,361	1.002	\$21,365,175	\$40,814
2021 - 06	\$22,277,703	1.003	\$22,342,242	\$64,539
2021 - 07	\$20,951,567	1.004	\$21,035,095	\$83,528
2021 - 08	\$25,026,654	1.006	\$25,176,681	\$150,028
2021 - 09	\$23,660,547	1.009	\$23,883,819	\$223,271
2021 - 10	\$22,351,495	1.016	\$22,713,241	\$361,745
2021 - 11	\$20,543,538	1.028	\$21,123,564	\$580,026
2021 - 12	\$22,346,308	1.057	\$23,626,340	\$1,280,032
2022 - 01	\$16,961,804	1.178	\$22,836,741	
2022 - 02	\$10,211,405	1.930	\$22,574,971	
		IBNR prior 2022		2,862,337
		Rec 2022 prior		14,268,602
		Recalculation		17,130,939

\*IBNR has been recalculated based on service date - received date and does not test for claims in process of adjustment.

*Pablo J. Olmo Rodriguez, FSA, CERA, MAAA*

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Guaynabo, PR 00966

**First Medical Health Plan Inc  
Summary Tables**

**A. TOTALS**

**I. Title XIX - Medicaid**

	Annual Statement	FMHP Data	Scope	Tested
Premium Billed	\$886,423,713	\$886,423,712	\$886,423,712	
Members (12-31-2021)	319,227	319,227	319,227	
Total member months	3,774,343	3,774,342	3,774,342	
Medical Claims Paid		\$511,706,094	\$511,706,094	100%
Rx Claims		\$243,638,838		
Total	\$825,261,063	\$755,344,932	\$755,344,932	

**II. Comprehensive  
(hospital and medical)**

	Annual Statement	AOM Data	Scope	Tested
Premium Billed	\$511,234,188	\$ 522,995,030	\$ 522,995,030	
Members (12-31-2021)	260,438	264,328	264,328	
Total member months	3,164,702	3,209,526	3,209,526	
Medical Claims Paid		\$266,308,515	\$266,308,515	100%
Rx Claims		\$110,532,487		
Hosp Inpatient Claims		\$61,194,303		
Capitation Payments		\$79,917,197		
Total	\$476,831,859	\$456,758,200	\$456,758,200	

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**C. IBNR Review**

<b>Line of Business</b>	<b>Annual Statement</b>	<b>Recalculation</b>
<b>Title XIX – Medicaid</b>	\$ 89,611,759	\$ 86,986,205
<b>Comprehensive</b>	\$ 15,522,440	\$ 17,130,939
<b>Totals</b>	\$ 105,134,199	\$ 104,117,144

**D. Summary of Results**

Annual Statement IBNR Reserve	\$105,134,199
Actuary Independent Recalculation	\$104,117,144
Sufficiency (Deficiency)	\$ 1,017,055







## SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2021  
(To be filed by March 1)

### PART 1 - INTERROGATORIES

1. The reporting insurer a member of a group of insurers or other holding company system? Yes [ ] No [ ]  
 If yes, do the amounts below represent
  - 1) total gross compensation paid each individual by or on behalf of all companies which are part of the group; or Yes [ ] No [ ]
  - 2) allocation to each insurer? Yes [ ] No [ ]
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ ]

### PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	Annual Compensation								10 Totals
		3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation		
1. Current: Principal Executive Officer	2021									0
	2020									0
	2019									0
2. Current: Principal Financial Officer	2021									0
	2020									0
	2019									0
3.	2021									0
	2020									0
	2019									0
4.	2021									0
	2020									0
	2019									0
5.	2021									0
	2020									0
	2019									0
6.	2021									0
	2020									0
	2019									0
7.	2021									0
	2020									0
	2019									0
8.	2021									0
	2020									0
	2019									0
9.	2021									0
	2020									0
	2019									0
10.	2021									0
	2020									0
	2019									0

### PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
<b>Directors</b>						0
.....						0

### PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

# ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

Direct Business Only For the Year Ended December 31, 2021

(To Be Filed by April 1)

NAIC Group Code.....00

Direct Business in the State of PUERTO RICO

NAIC Company Code.....95722

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Direct Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Net Incurred Claims Amount (6+7-8)	Change in Contract Reserves	Loss Ratio (6+10)/2	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>														
1. Comprehensive Major Medical.....	138,138,177	138,138,177			138,138,177	121,282,444			121,282,444		87.8	60,313	80,786	1,006,558
2.1 Short-Term Medical - 6 Months or Less.....					0				0		0.0			
2.2 Short-Term Medical - Over 6 Months.....					0				0		0.0			
2.3 Subtotal Short-Term Medical (2.1+2.2).....	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive).....					0				0		0.0			
4. Specified/Named Disease.....					0				0		0.0			
5. Limited Benefit.....					0				0		0.0			
6. Student.....					0				0		0.0			
7. Accident Only or AD&D.....					0				0		0.0			
8. Disability Income - Short-Term.....					0				0		0.0			
9. Disability Income - Long-Term.....					0				0		0.0			
10. Long-Term Care.....					0				0		0.0			
11. Medicare Supplement (Medigap).....					0				0		0.0			
12. Dental.....					0				0		0.0			
13. State Children's Health Insurance Program.....					0				0		0.0			
14. Medicare.....					0				0		0.0			
15. Medicaid.....	886,423,713	886,423,713			886,423,713	825,261,063			825,261,063		93.1	319,227	319,227	3,774,343
16. Medicare Part D - Stand-Alone.....					0				0		0.0			
17. Vision.....					0				0		0.0			
18. Other Individual Business.....					0				0		0.0			
19. Grand Total Individual Business.....	1,024,561,890	1,024,561,890	0	0	1,024,561,890	946,543,507	0	0	946,543,507	0	92.4	379,540	400,013	4,780,901
<b>B. GROUP BUSINESS</b>														
<b>Comprehensive Major Medical</b>														
1.1 Single Employer - Small Employer.....	33,967,366	33,967,366			33,967,366	30,229,458			30,229,458		89.0	10,654	18,596	214,052
1.2 Single Employer - Other Employer.....	339,128,645	339,128,645			339,128,645	325,379,202			325,379,202		95.9	110,312	161,056	1,944,092
1.3 Single Employer Subtotal.....	373,096,011	373,096,011	0	0	373,096,011	355,608,660	0	0	355,608,660	0	95.3	120,966	179,652	2,158,144
2. Multiple Employer Assns and Trusts.....					0				0		0.0			
3. Other Associations and Discretionary Trusts.....					0				0		0.0			
4. Other Comprehensive Major Medical.....					0				0		0.0			
5. Comprehensive/Major Medical Subtotal.....	373,096,011	373,096,011	0	0	373,096,011	355,608,660	0	0	355,608,660	0	95.3	120,966	179,652	2,158,144
<b>Other Major Medical (Non-Comprehensive)</b>														
6. Specified/Named Disease.....					0				0		0.0			
7. Limited Benefit.....					0				0		0.0			
8. Student.....					0				0		0.0			
9. Accident Only or AD&D.....					0				0		0.0			
10. Disability Income - Short-Term.....					0				0		0.0			
11. Disability Income - Long-Term.....					0				0		0.0			
12. Long-Term Care.....					0				0		0.0			
13. Medicare Supplement (Medigap).....					0				0		0.0			
14. Federal Employees Health Benefits Plan.....					0				0		0.0			
15. Tricare.....					0				0		0.0			
16. Dental.....					0				0		0.0			
17. Medicare.....					0				0		0.0			
18. Medicare Part D - Stand-Alone.....					0				0		0.0			
19. Vision.....					0				0		0.0			
20. Other Group Care.....					0				0		0.0			
21. Grand Total Group Business.....	373,096,011	373,096,011	0	0	373,096,011	355,608,660	0	0	355,608,660	0	95.3	120,966	179,652	2,158,144
<b>C. OTHER BUSINESS</b>														
1. Credit (Individual and Group).....					0				0		0.0			
2. Stop Loss/Excess Loss.....					0				0		0.0			
3. Administrative Services Only.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5. Grand Total Other Business.....	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
<b>D. TOTAL BUSINESS</b>														
1. Total Non-U.S. Policy Forms.....					0				0		0.0			
2. Grand Total Individual, Group and Other Business.....	1,397,657,901	1,397,657,901	0	0	1,397,657,901	1,302,152,167	0	0	1,302,152,167	0	93.2	500,506	579,665	6,939,045

SUPP210

# SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT: 1. CORPORATION: First Medical Health Plan , Inc.    2. LOCATION: Guaynabo PR  
BUSINESS IN THE STATE OF PUERTO RICO

NAIC Group Code.....00

DURING THE YEAR 2021

NAIC Company Code.....95722

SUPP216.1

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total (Cols 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11).....	138,138,177	33,967,366	339,128,645	0	0	0	0	0	0	0	#####	0	1,397,657,901	XXX	1,397,657,901
1.2 Federal high risk pools.....													0	XXX	0
1.3 State high risk pools.....													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3).....	138,138,177	33,967,366	339,128,645	0	0	0	0	0	0	0	#####	0	1,397,657,901	XXX	1,397,657,901
1.5 Federal taxes and federal assessments.....	189,448	46,584	464,142										700,174		700,174
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0).....	1,381,382	339,674	3,384,339										5,105,395		5,105,395
1.6a Community benefit expenditures (informational only).....													0		0
1.7 Regulatory authority licenses and fees.....	19,777	4,863	48,453										200,000		200,000
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7).....	136,547,570	33,576,245	335,231,711	0	0	0	0	0	0	0	#####	0	1,391,652,332	XXX	1,391,652,332
1.9 Net assumed less ceded reinsurance premiums earned.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue.....													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11).....	136,547,570	33,576,245	335,231,711	0	0	0	0	0	0	0	#####	0	1,391,652,332	XXX	1,391,652,332
2. Claims:															
2.1 Incurred claims excluding prescription drugs.....	99,357,780	22,706,344	262,561,037								#####		985,699,015	XXX	985,699,015
2.2 Prescription drugs.....	26,363,936	9,046,382	75,537,490								#####		335,135,017	XXX	335,135,017
2.3 Pharmaceutical rebates.....	4,439,272	1,523,268	12,719,325										18,681,865	XXX	18,681,865
2.4 State stop loss, market stabilization and claim/census based assessments (informational only).....													0	XXX	0
3. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only).....	0	0	0	0	0	0	0	0	0	0	0	0	0		0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15).....	121,282,444	30,229,458	325,379,202	0	0	0	0	0	0	0	#####	0	1,302,152,167	XXX	1,302,152,167
5.1 Net assumed less ceded reinsurance claims incurred.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims.....													0	XXX	0
5.3 Rebates paid.....											XXX	XXX	0	XXX	0
5.4 Estimated rebates unpaid prior year.....											XXX	XXX	0	XXX	0
5.5 Estimated rebates unpaid current year.....											XXX	XXX	0	XXX	0
5.6 Fee for service and co-pay revenue.....													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6).....	121,282,444	30,229,458	325,379,202	0	0	0	0	0	0	0	#####	0	1,302,152,167	XXX	1,302,152,167
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes.....	456,319	696,148	3,942,540	0	0	0	0	0	0	0	4,974,822		10,069,829		10,069,829
6.2 Activities to prevent hospital readmissions.....	211,259	51,947	517,577	0	0	0	0	0	0	0	2,072,843		2,853,626		2,853,626
6.3 Improve patient safety and reduce medical errors.....	177,458	43,636	434,765	0	0	0	0	0	0	0	1,243,706		1,899,565		1,899,565
6.4 Wellness and health promotion activities.....	26,755	6,579	65,548	0	0	0	0	0	0	0	117,930		216,812		216,812
6.5 Health information technology expenses related to health improvement.....	1,152,903		0	0	0	0	0	0	0	0	8,693,002		9,845,905		9,845,905
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5).....	2,024,694	798,310	4,960,430	0	0	0	0	0	0	0	17,102,303		24,885,737		24,885,737
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footer 2.0) / Line 1.8.....	0.903	0.924	0.985	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....													0		0
8.2 All other claims adjustment expenses.....													0		0
8.3 Total claims adjustment expenses (Lines 8.1+8.2).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8).....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

# SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT: 1. CORPORATION: First Medical Health Plan , Inc. 2. LOCATION: Guaynabo PR  
BUSINESS IN THE STATE OF PUERTO RICO

NAIC Group Code.....00

DURING THE YEAR 2021

NAIC Company Code.....95722

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total (Cols 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and administrative (G&A) expenses:															
10.1 Direct sales salaries and benefits.....	3,403,597	836,925	8,338,700								4,379,497		16,958,719		16,958,719
10.2 Agents and brokers fees and commissions.....	3,473,840	854,197	8,510,792										12,838,829		12,838,829
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....	5,912,928	1,153,955	14,228,658								28,508,522		49,804,063		49,804,063
10.4a Community benefits expenditures (informational only).....													0		0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4).....	12,790,365	2,845,077	31,078,150	0	0	0	0	0	0	0	32,888,019	0	79,601,611	0	79,601,611
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5).....	450,067	(296,600)	(26,186,071)	0	0	0	0	0	0	0	11,045,421	0	(14,987,183)	XXX	(14,987,183)
12. Income from fees of uninsured plans.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Net investment and other gain/(loss).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 10.4).. 16a. ICD-10 Implementation Expenses (information only, already included in Line 10.4).....													0		0
<b>OTHER INDICATORS:</b>															
1. Number of certificates/policies.....	60,313	10,654	110,312										500,506		500,506
2. Number of covered lives.....	80,786	18,596	161,056										579,665		579,665
3. Number of groups.....	XXX	1,069	726	XXX									1,796		1,796
4. Member months.....	1,006,558	214,052	1,944,092										6,939,045		6,939,045
Is run off business reported in Columns 1 through 9 or 12?.....Yes [ ].....No [ ] If yes, show the amount of premiums and claims included. Premiums \$.....0 Claims \$.....0															

SUPP216.1.1

## AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable).....				
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid).....		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....				
3.2 Reserve for rate credits or policy experience refunds.....				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments).....				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims.....		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....				
6.2 Rate credits or policy experience refunds paid.....				

## SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: First Medical Health Plan , Inc. 2. LOCATION: Guaynabo PR

NAIC Group Code.....00

BUSINESS IN THE STATE OF PUERTO RICO

DURING THE YEAR 2021

NAIC Company Code....95722

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
	1	2	3	4	5	6	7	8					
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1. Health premiums earned:													
1.1 Direct premiums written.....	138,138,177	33,967,366	339,128,645								886,423,713		1,397,657,901
1.2 Unearned premium prior year.....													0
1.3 Unearned premium current year.....													0
1.4 Change in unearned premium (Lines 1.2 - 1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits.....													0
1.6 Reserve for rate credits current year.....													0
1.7 Reserve for rate credits prior year.....													0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7).....	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off.....													0
1.10 Group conversion charges.....													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....	138,138,177	33,967,366	339,128,645	0	0	0	0	0	0	0	886,423,713	0	1,397,657,901
1.12 Assumed premiums earned from non-affiliates.....													0
1.13 Net assumed less ceded premiums earned from affiliates.....													0
1.14 Ceded premiums earned to non-affiliates.....													0
1.15 Other adjustments due to MLR calculation - premiums.....													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15).....	138,138,177	33,967,366	339,128,645	0	0	0	0	0	0	0	886,423,713	0	1,397,657,901
2. Direct claims incurred:													
2.1 Paid claims during the year.....	118,747,479	29,485,626	318,430,811								825,136,600		1,291,800,516
2.2 Direct claim liability current year.....	10,928,642	2,687,289	26,782,769								103,470,472		143,869,172
2.3 Direct claim liability prior year.....	9,187,496	2,052,872	21,280,245								107,007,775		139,528,388
2.4 Direct claim reserves current year.....													0
2.5 Direct claim reserves prior year.....													0
2.6 Direct contract reserves current year.....													0
2.7 Direct contract reserves prior year.....													0
2.8 Paid rate credits.....													0
2.9 Reserve for rate credits current year.....													0
2.10 Reserve for rate credits prior year.....													0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c).....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year.....													0
2.11b Accrued medical incentive pools and bonuses current year.....													0
2.11c Accrued medical incentive pools and bonuses prior year.....													0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b).....	(793,819)	(109,415)	(1,445,867)	0	0	0	0	0	0	0	(3,661,766)	0	(6,010,867)
2.12a Healthcare receivables current year.....	3,020,379	742,693	7,399,827								6,471,894		17,634,793
2.12b Healthcare receivables prior year.....	3,814,198	852,108	8,845,694								10,133,660		23,645,660
2.13 Group conversion charge.....													0
2.14 Multi-option coverage blended rate adjustment.....													0
2.15 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8+2.9-2.10+2.11-2.12+2.13+2.14).....	121,282,444	30,229,458	325,379,202	0	0	0	0	0	0	0	825,261,063	0	1,302,152,167
2.16 Assumed incurred claims from non-affiliates.....													0
2.17 Net assumed less ceded incurred claims from affiliates.....													0
2.18 Ceded incurred claims to non-affiliates.....													0
2.19 Other adjustments due to MLR calculation - claims.....													0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19).....	121,282,444	30,229,458	325,379,202	0	0	0	0	0	0	0	825,261,063	0	1,302,152,167
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only).....													0

SUPP216.2

(a) Column 13, line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

### SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)      REPORT: 1. CORPORATION: First Medical Health Plan , Inc.      2. LOCATION: Guaynabo PR

NAIC Group Code.....00

BUSINESS IN THE STATE OF PUERTO RICO

DURING THE YEAR 2021

NAIC Company Code.....95722

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses		
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including \$.....0 for affiliated services).....	456,319	211,259	177,458	26,755		871,791				871,791
1.2 Outsourced services.....						0				0
1.3 EDP equipment and software (including \$.....0 for affiliated services).....					1,152,903	1,152,903				1,152,903
1.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
1.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
1.6 Other expenses (including \$.....0 for affiliated services).....						0				0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6).....	456,319	211,259	177,458	26,755	1,152,903	2,024,694	0	0	0	2,024,694
1.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
1.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.10 Total (Lines 1.7 to 1.9).....	456,319	211,259	177,458	26,755	1,152,903	2,024,694	0	0	0	2,024,694
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including \$.....0 for affiliated services).....	112,206	51,947	43,636	6,579		214,368				214,368
2.2 Outsourced services.....						0				0
2.3 EDP equipment and software (including \$.....0 for affiliated services).....	583,942					583,942				583,942
2.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
2.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
2.6 Other expenses (including \$.....0 for affiliated services).....						0				0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6).....	696,148	51,947	43,636	6,579	0	798,310	0	0	0	798,310
2.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
2.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.10 Total (Lines 2.7 to 2.9).....	696,148	51,947	43,636	6,579	0	798,310	0	0	0	798,310
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including \$.....0 for affiliated services).....	1,117,967	517,577	434,765	65,548		2,135,857				2,135,857
3.2 Outsourced services.....						0				0
3.3 EDP equipment and software (including \$.....0 for affiliated services).....	2,824,573					2,824,573				2,824,573
3.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
3.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
3.6 Other expenses (including \$.....0 for affiliated services).....						0				0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6).....	3,942,540	517,577	434,765	65,548	0	4,960,430	0	0	0	4,960,430
3.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
3.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.10 Total (Lines 3.7 to 3.9).....	3,942,540	517,577	434,765	65,548	0	4,960,430	0	0	0	4,960,430
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0

SUPP216.3

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT: 1. CORPORATION: First Medical Health Plan , Inc.

2. LOCATION: Guaynabo PR

NAIC Group Code.....00

BUSINESS IN THE STATE OF PUERTO RICO

DURING THE YEAR 2021

NAIC Company Code.....95722

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses		
4. Individual mini-med plans expenses:										
4.1 Salaries (including \$.....0 for affiliated services).....						0				0
4.2 Outsourced services.....						0				0
4.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
4.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
4.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
4.6 Other expenses (including \$.....0 for affiliated services).....						0				0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6).....	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
4.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
4.10 Total (Lines 4.7 to 4.9).....	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
5. Small group mini-med plans expenses:										
5.1 Salaries (including \$.....0 for affiliated services).....						0				0
5.2 Outsourced services.....						0				0
5.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
5.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
5.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
5.6 Other expenses (including \$.....0 for affiliated services).....						0				0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6).....	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
5.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
5.10 Total (Lines 5.7 to 5.9).....	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
6. Large group mini-med plans expenses:										
6.1 Salaries (including \$.....0 for affiliated services).....						0				0
6.2 Outsourced services.....						0				0
6.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
6.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
6.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
6.6 Other expenses (including \$.....0 for affiliated services).....						0				0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6).....	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
6.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
6.10 Total (Lines 6.7 to 6.9).....	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0

SUPP216.3.1

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT: 1. CORPORATION: First Medical Health Plan , Inc.

2. LOCATION: Guaynabo PR

NAIC Group Code.....00

BUSINESS IN THE STATE OF PUERTO RICO

DURING THE YEAR 2021

NAIC Company Code.....95722

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses		
7. Small group expatriate plans expenses										
7.1 Salaries (including \$.....0 for affiliated services).....						0				0
7.2 Outsourced services.....						0				0
7.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
7.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
7.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
7.6 Other expenses (including \$.....0 for affiliated services).....						0				0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6).....	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
7.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
7.10 Total (Lines 7.7 to 7.9).....	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
8. Large group expatriate plans expenses										
8.1 Salaries (including \$.....0 for affiliated services).....						0				0
8.2 Outsourced services.....						0				0
8.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
8.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
8.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
8.6 Other expenses (including \$.....0 for affiliated services).....						0				0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6).....	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
8.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
8.10 Total (Lines 8.7 to 8.9).....	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0
9. Student health plans expenses										
9.1 Salaries (including \$.....0 for affiliated services).....						0				0
9.2 Outsourced services.....						0				0
9.3 EDP equipment and software (including \$.....0 for affiliated services).....						0				0
9.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0				0
9.5 Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0				0
9.6 Other expenses (including \$.....0 for affiliated services).....						0				0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6).....	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries.....						0				0
9.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
9.10 Total (Lines 9.7 to 9.9).....	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0				0

SUPP216.3.2





# SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code.....00

NAIC Company Code.....95722

**Description of allocation methodology:**

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**Detailed Description of Quality Improvement Expenses:**

Expense Type from Part 3	New	Detailed Description of Expense
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## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2021

(To be filed by April 1)

Of First Medical Health Plan , Inc.

Address (City, State, Zip Code): Guaynabo PR 00966

NAIC Group Code.....00

NAIC Company Code.....95722

Employer's ID Number.....66-0537624

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$.....250,960,209

2. Ten largest exposures to a single issuer/borrower/investment.

	1	2	3	4
	<u>Issuer</u>	<u>Description of Exposure</u>	<u>Amount</u>	<u>Percentage of Total Admitted Assets</u>
2.01	.....	.....	\$.....	.....0.0 %
2.02	.....	.....	\$.....	.....0.0 %
2.03	.....	.....	\$.....	.....0.0 %
2.04	.....	.....	\$.....	.....0.0 %
2.05	.....	.....	\$.....	.....0.0 %
2.06	.....	.....	\$.....	.....0.0 %
2.07	.....	.....	\$.....	.....0.0 %
2.08	.....	.....	\$.....	.....0.0 %
2.09	.....	.....	\$.....	.....0.0 %
2.10	.....	.....	\$.....	.....0.0 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

		1	2
<u>Bonds</u>			
3.01	NAIC 1.....	\$.....5,596,953	.....2.2 %
3.02	NAIC 2.....	\$.....	.....0.0 %
3.03	NAIC 3.....	\$.....	.....0.0 %
3.04	NAIC 4.....	\$.....	.....0.0 %
3.05	NAIC 5.....	\$.....	.....0.0 %
3.06	NAIC 6.....	\$.....	.....0.0 %
<u>Preferred Stocks</u>			
3.07	P/RP-1.....	\$.....	.....0.0 %
3.08	P/RP-2.....	\$.....	.....0.0 %
3.09	P/RP-3.....	\$.....	.....0.0 %
3.10	P/RP-4.....	\$.....	.....0.0 %
3.11	P/RP-5.....	\$.....	.....0.0 %
3.12	P/RP-6.....	\$.....	.....0.0 %

4. Assets held in foreign investments:

4.01	Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?		Yes [ X ] No [ ]
If response to 4.01 above is yes, responses are not required for interrogatories 5-10.			
4.02	Total admitted assets held in foreign investments	\$.....	.....0.0 %
4.03	Foreign-currency-denominated investments	\$.....	.....0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	\$.....	.....0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC 1.....	\$.....	.....0.0 %
5.02	Countries designated NAIC 2.....	\$.....	.....0.0 %
5.03	Countries designated NAIC 3 or below.....	\$.....	.....0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
Countries designated NAIC 1:			
6.01	Country 1: .....	\$.....	.....0.0 %
6.02	Country 2: .....	\$.....	.....0.0 %
Countries designated NAIC 2:			
6.03	Country 1: .....	\$.....	.....0.0 %
6.04	Country 2: .....	\$.....	.....0.0 %
Countries designated NAIC 3 or below:			
6.05	Country 1: .....	\$.....	.....0.0 %
6.06	Country 2: .....	\$.....	.....0.0 %

7. Aggregate unhedged foreign currency exposure..... \$.....0.0 %

8.	Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:		1	2	
8.01	Countries designated NAIC 1.....	\$			0.0 %
8.02	Countries designated NAIC 2.....	\$			0.0 %
8.03	Countries designated NAIC 3 or below.....	\$			0.0 %
9.	Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:				
	Countries designated NAIC 1:		1	2	
9.01	Country 1: .....	\$			0.0 %
9.02	Country 2: .....	\$			0.0 %
	Countries designated NAIC 2:				
9.03	Country 1: .....	\$			0.0 %
9.04	Country 2: .....	\$			0.0 %
	Countries designated NAIC 3 or below:				
9.05	Country 1: .....	\$			0.0 %
9.06	Country 2: .....	\$			0.0 %
10.	Ten largest non-sovereign (i.e. non-governmental) foreign issues:				
			1	2	
	<u>Issuer</u>		<u>NAIC Designation</u>		
				3	4
10.01	.....	\$			0.0 %
10.02	.....	\$			0.0 %
10.03	.....	\$			0.0 %
10.04	.....	\$			0.0 %
10.05	.....	\$			0.0 %
10.06	.....	\$			0.0 %
10.07	.....	\$			0.0 %
10.08	.....	\$			0.0 %
10.09	.....	\$			0.0 %
10.10	.....	\$			0.0 %
11.	Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:				
11.01	Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?				Yes [ X ] No [ ]
	If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.				
11.02	Total admitted assets held in Canadian Investments.....	\$			0.0 %
11.03	Canadian currency-denominated investments.....	\$			0.0 %
11.04	Canadian-denominated insurance liabilities.....	\$			0.0 %
11.05	Unhedged Canadian currency exposure.....	\$			0.0 %
12.	Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.				
12.01	Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?				Yes [ X ] No [ ]
	If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.				
			1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions.....	\$			0.0 %
	Largest three investments with contractual sales restrictions:				
12.03	.....	\$			0.0 %
12.04	.....	\$			0.0 %
12.05	.....	\$			0.0 %
13.	Amounts and percentages of admitted assets held in the ten largest equity interests:				
13.01	Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?				Yes [ X ] No [ ]
	If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.				
			1	2	3
	<u>Name of Issuer</u>				
13.02	.....	\$			0.0 %
13.03	.....	\$			0.0 %
13.04	.....	\$			0.0 %
13.05	.....	\$			0.0 %
13.06	.....	\$			0.0 %
13.07	.....	\$			0.0 %
13.08	.....	\$			0.0 %
13.09	.....	\$			0.0 %
13.10	.....	\$			0.0 %
13.11	.....	\$			0.0 %
14.	Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:				
14.01	Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?				Yes [ X ] No [ ]
	If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.				
			1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities.....	\$			0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:				
14.03	.....	\$			0.0 %
14.04	.....	\$			0.0 %
14.05	.....	\$			0.0 %

Ten Largest Fund Managers

	1	2	3	4
	<u>Fund Manager</u>	<u>Total Invested</u>	<u>Diversified</u>	<u>Non-Diversified</u>
14.06	.....	\$.....	\$.....	\$.....
14.07	.....	\$.....	\$.....	\$.....
14.08	.....	\$.....	\$.....	\$.....
14.09	.....	\$.....	\$.....	\$.....
14.10	.....	\$.....	\$.....	\$.....
14.11	.....	\$.....	\$.....	\$.....
14.12	.....	\$.....	\$.....	\$.....
14.13	.....	\$.....	\$.....	\$.....
14.14	.....	\$.....	\$.....	\$.....
14.15	.....	\$.....	\$.....	\$.....

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:  
 15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [ X ] No [ ]  
 If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests.....	\$.....	.....0.0 %
Largest three investments in general partnership interests:			
15.03	.....	\$.....	.....0.0 %
15.04	.....	\$.....	.....0.0 %
15.05	.....	\$.....	.....0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:  
 16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [ X ] No [ ]  
 If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1	2	3
	<u>Type (Residential, Commercial, Agricultural)</u>		
16.02	.....	\$.....	.....0.0 %
16.03	.....	\$.....	.....0.0 %
16.04	.....	\$.....	.....0.0 %
16.05	.....	\$.....	.....0.0 %
16.06	.....	\$.....	.....0.0 %
16.07	.....	\$.....	.....0.0 %
16.08	.....	\$.....	.....0.0 %
16.09	.....	\$.....	.....0.0 %
16.10	.....	\$.....	.....0.0 %
16.11	.....	\$.....	.....0.0 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	<u>Loans</u>
16.12	Construction loans..... \$..... 0.0 %
16.13	Mortgage loans over 90 days past due..... \$..... 0.0 %
16.14	Mortgage loans in the process of foreclosure..... \$..... 0.0 %
16.15	Mortgage loans foreclosed..... \$..... 0.0 %
16.16	Restructured mortgage loans..... \$..... 0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

	<u>Loan-to-Value</u>	<u>Residential</u>		<u>Commercial</u>		<u>Agricultural</u>	
		1	2	3	4	5	6
17.01	above 95%.....	\$.....	.....0.0 %	\$.....	.....0.0 %	\$.....	.....0.0 %
17.02	91% to 95%.....	\$.....	.....0.0 %	\$.....	.....0.0 %	\$.....	.....0.0 %
17.03	81% to 90%.....	\$.....	.....0.0 %	\$.....	.....0.0 %	\$.....	.....0.0 %
17.04	71% to 80%.....	\$.....	.....0.0 %	\$.....	.....0.0 %	\$.....	.....0.0 %
17.05	below 70%.....	\$.....	.....0.0 %	\$.....	.....0.0 %	\$.....	.....0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:  
 18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ X ] No [ ]  
 If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate:

	<u>Description</u>	2	3
18.02	.....	\$.....	.....0.0 %
18.03	.....	\$.....	.....0.0 %
18.04	.....	\$.....	.....0.0 %
18.05	.....	\$.....	.....0.0 %
18.06	.....	\$.....	.....0.0 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans.

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets? Yes [ X ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02 Aggregate statement value of investments held in mezzanine real estate loans		\$.....	.....0.0 %
Largest three investments held in mezzanine real estate loans:			
19.03 .....		\$.....	.....0.0 %
19.04 .....		\$.....	.....0.0 %
19.05 .....		\$.....	.....0.0 %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	1	2	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
			3	4	5
20.01 Securities lending agreements (do not include assets held as collateral for such transactions).....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
20.02 Repurchase agreements.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps and floors:

	<u>Owned</u>		<u>Written</u>	
	1	2	3	4
	21.01 Hedging.....	\$.....	.....0.0 %	\$.....
21.02 Income generation.....	\$.....	.....0.0 %	\$.....	.....0.0 %
21.03 Other.....	\$.....	.....0.0 %	\$.....	.....0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	1	2	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
			3	4	5
22.01 Hedging.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
22.02 Income generation.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
22.03 Replications.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
22.04 Other.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	1	2	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
			3	4	5
23.01 Hedging.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
23.02 Income generation.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
23.03 Replications.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....
23.04 Other.....	\$.....	.....0.0 %	\$.....	\$.....	\$.....



# LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT - PART 1

For the Year Ended December 31, 2021

(To Be Filed by April 1)

OF.....First Medical Health Plan , Inc.  
Direct Business in the State of....Grand Total

NAIC COMPANY CODE.....95722

DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS		1	2	3	4
		Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premiums	Unallocated Annuity and Other Unallocated Fund Deposits
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses.....				
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account :				
2.1	Contract fees for variable contracts with guarantees.....				
2.2	Reporting entity contributions to employee benefits plans.....				
2.3	Dividends or refunds applied to purchase paid-up additions and annuities.....				
2.4	Dividends or refunds applied to shorten endowment or premium paying period.....				
2.5	Premiums and annuity considerations waived under disability or other contract provisions.....				
2.6	Aggregate write-ins for other considerations, if any.....	0	0	0	0
2.99	Total (Lines 2.1 through 2.6).....	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories:				
3.1	Transfers to guaranteed separate accounts.....				
3.2	Roll over of GICs or annuities into other companies.....				
3.3	Surrenders or other benefits paid out.....				
3.4	Excess interest credited to accounts.....				
3.5	Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2.....	0	0	0	0
3.99	Total (Lines 3.1 thru 3.5).....	0	0	0	0
4.	Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2)				
4.1	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99 and 3.99.....	XXX		XXX	0
4.2	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code that are included in Column 4, Lines 1, 2.99 and 3.99.....	XXX		XXX	0
4.3	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are ALLOCATED. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1).....	XXX		XXX	0
4.4	Enter in Column 4, as a positive number, and Column 2, as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99 and 3.99 that are UNALLOCATED, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2.....	XXX		XXX	0
4.99	Total (Lines 4.1 through 4.4).....	XXX	0	XXX	0
5.	Total (Lines 1 + 2.99 + 3.99 + 4.99).....	0	0	0	0

**DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9**

6.	Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder.....				
7.	Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5.....				
8.	Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium.....				
9.	Dividends paid or credited, but only if NOT guaranteed in advance.....				

**ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2**

10.	Current Year before Part 2 additional adjustments (Line 5 - 6 - 7 - 8 - 9).....	0	0	0	0
-----	---	---	---	---	---

**DETAILS OF WRITE-INS**

02.601	.....				
02.602	.....				
02.603	.....				
02.698	Summary of remaining write-ins for Line 2.6 from overflow page.....				
02.699	Totals (Lines 2.601 thru 2.603 plus 2.698) (Line 2.6 above).....				
03.501	.....				
03.502	.....				
03.503	.....				
03.598	Summary of remaining write-ins for Line 3.5 from overflow page.....	0	0	0	0
03.599	Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above).....	0	0	0	0

Footnote 1: For purposes of allocating Long-Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI") include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.

1a) Disability Income (include both short and long term) XXX XXX XXX  
1b) Long-Term Care XXX XXX XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)

Individual name \_\_\_\_\_  
Title \_\_\_\_\_  
Department \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Direct phone number \_\_\_\_\_  
Email address \_\_\_\_\_

**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT - PART 2**

For the Year Ended December 31, 2021  
(To Be Filed by April 1)

OF.....First Medical Health Plan , Inc.  
Direct Business in the State of....Grand Total

NAIC COMPANY CODE.....95722

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premiums	Unallocated Annuity and Other Unallocated Fund Deposits
11. Line 10 of the Assessable Premium Exhibit - Part 1.....	0	0	0	0
<b>AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE</b>				
12. Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1 Amounts in excess of \$1 million.....		XXX	XXX	XXX
12.2 Amounts in excess of \$5 million.....		XXX	XXX	XXX
13. Excludable premiums for accident and health contracts:				
13.1 Federal Employee Health Benefit Program.....	XXX	XXX		XXX
13.2 Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3).....	XXX	XXX		XXX
13.3 Medicare Part D stand alone plans.....	XXX	XXX		XXX
13.4 Medicaid Title XIX.....	XXX	XXX		XXX
13.5 Stop loss contracts.....	XXX	XXX		XXX
13.6 MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured.....	XXX	XXX		XXX
13.7 State Children's Health Insurance Program Title XXI.....	XXX	XXX		XXX
13.99 Total (Lines 13.1 through 13.7).....	XXX	XXX	0	XXX
14. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans.....	XXX		XXX	0
15. Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
15.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
15.3 Amounts in excess of \$5 million per contract.....	XXX	XXX	XXX	
15.4 Total (Lines 15.1 + 15.2 + 15.3).....	XXX	XXX	XXX	0
15.5 Amounts NOT in excess of \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	
15.6 Amounts in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	
16. Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
16.2 All amounts (include amounts reported on Line 16.1).....	XXX	XXX	XXX	
16.3 Amounts in excess of \$2 million per contract that are NOT issued to a specific employee, union or association of natural persons benefit plans (New Jersey only).....	XXX	XXX	XXX	
17. Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor, which are NOT:				
(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
17.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
17.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
17.3 Amounts in excess of \$5 million per contract.....	XXX	XXX	XXX	
17.4 Total (Lines 17.1 + 17.2 + 17.3).....	XXX	XXX	XXX	0
17.5 Amounts up to \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	
18. Amounts for contracts issued to fund a specific employee, union or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1 Amounts NOT in excess of \$2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of the business sponsor (New Jersey only).....	XXX	XXX	XXX	
18.2 Amounts NOT in excess of \$5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of the business sponsor (Iowa only).....	XXX	XXX	XXX	
19. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1 Amounts NOT in excess of \$1 million per contract.....	XXX		XXX	
19.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX		XXX	
19.3 Amounts in excess of \$5 million per contract.....	XXX		XXX	
19.4 Total (Lines 19.1 + 19.2 + 19.3).....	XXX	0	XXX	0
19.5 Amounts NOT in excess of \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	
19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	
19.7 Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only).....	XXX	XXX	XXX	
19.8 Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only).....	XXX		XXX	XXX
20. Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
20.2 All amounts (include amounts reported on Line 20.1).....	XXX	XXX	XXX	
21. Aggregate write-ins for other deductions.....	0	0	0	0
22. ASSESSABLE PREMIUM BASE after adjustments - see state specific formula.....				
<b>DETAILS OF WRITE-INS</b>				
21.01 .....				
21.02 .....				
21.03 .....				
21.98 Summary of remaining write-ins for Line 21 from overflow page.....	0	0	0	0
21.99 Total (Line 2101 thru 2103 plus 2198) (Line 21 above).....	0	0	0	0

## **Overflow Page for Write-Ins**





## LONG-TERM CARE EXPERIENCE REPORTING FORM 1 STAND-ALONE LTC ONLY (\$000 OMITTED)

REPORTING YEAR 2021

(To Be Filed By April 1)

NAIC Group Code: 00

NAIC Company Code: 95722

	1 Earned Premiums	2 Incurred Claims (a)	3 Number of Claims Opened	4 Number of Claims Closed	5 Number of Claims Remaining Open	6 Number of Terminations	7 Number of Policies In Force Year-End	8 Number of Lives In Force Year-End	9 Active Life Reserves	10 Claim Reserves	11 Other Reserves
<b>Individual</b>											
<b>Direct</b>											
1. Current.....											
2. Total Inception-to-Date.....					.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
<b>Assumed</b>											
3. Current.....											
<b>Ceded</b>											
4. Current.....											
<b>Net (Direct + Assumed - Ceded)</b>											
5. Current.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

SUPP301

<b>Group</b>											
<b>Direct</b>											
6. Current.....											
7. Total Inception-to-Date.....					.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
<b>Assumed</b>											
8. Current.....											
<b>Ceded</b>											
9. Current.....											
<b>Net (Direct + Assumed - Ceded)</b>											
10. Current.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Indicate whether policies on claim that have triggered waiver of premium are considered paid-up or paid by waiver.

Paid by Waiver

Paid-Up



## LONG-TERM CARE EXPERIENCE REPORTING FORM 2

### DIRECT INDIVIDUAL EXPERIENCE - STAND-ALONE ONLY (\$000 OMITTED) (a)

REPORTING YEAR 2021

(To Be Filed By April 1)

NAIC Group Code: 00

NAIC Company Code: 95722

SUPP302

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
<b>Primarily 2002 and Prior Issues Years</b>								
1. Current (Comprehensive).....								
2. Total Inception-to-Date (Comprehensive).....			.XXX			.XXX	.XXX	
3. Current (Institutional only).....								
4. Total Inception-to-Date (Institutional only).....			.XXX			.XXX	.XXX	
5. Current (Non-Institutional only).....								
6. Total Inception-to-Date (Non-Institutional only).....			.XXX			.XXX	.XXX	
7. Current (Grand Total).....				.0	.0	.0	.0	.0
8. Total Inception-to-Date (Grand Total).....			.XXX	.0	.0	.XXX	.XXX	.0
<b>Primarily 2003 to 2010 Issue Years</b>								
9. Current (Comprehensive).....								
10. Total Inception-to-Date (Comprehensive).....			.XXX			.XXX	.XXX	
11. Current (Institutional only).....								
12. Total Inception-to-Date (Institutional only).....			.XXX			.XXX	.XXX	
13. Current (Non-Institutional only).....								
14. Total Inception-to-Date (Non-Institutional only).....			.XXX			.XXX	.XXX	
15. Current (Grand Total).....				.0	.0	.0	.0	.0
16. Total Inception-to-Date (Grand Total).....			.XXX	.0	.0	.XXX	.XXX	.0
<b>Primarily 2011 and Later Years</b>								
17. Current (Comprehensive).....								
18. Total Inception-to-Date (Comprehensive).....			.XXX			.XXX	.XXX	
19. Current (Institutional only).....								
20. Total Inception-to-Date (Institutional only).....			.XXX			.XXX	.XXX	
21. Current (Non-Institutional only).....								
22. Total Inception-to-Date (Non-Institutional only).....			.XXX			.XXX	.XXX	
23. Current (Grand Total).....				.0	.0	.0	.0	.0
24. Total Inception-to-Date (Grand Total).....			.XXX	.0	.0	.0	.0	.0

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy or per-policy form basis:

- Policy
- Policy Form



## LONG-TERM CARE EXPERIENCE REPORTING FORM 3 LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) (a)

REPORTING YEAR 2021

(To Be Filed by April 1)

NAIC Group Code: 00

NAIC Company Code: 95722

Incurred Year	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021
---------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

**A. Individual**

**PART 1 - Total (Direct and Transferred) Amount Paid Policyholder**

1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year**

1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 3 - Transferred Reserves**

1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 4 - Present Value of Incurred Claims**

1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SUPP303.1

## LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)

### LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) (a)

Incurred Year	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021
<b>B. Group</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholder</b>								
1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 3 - Transferred Reserves</b>								
1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior.....								
2. 2014.....								
3. 2015.....	XXX							
4. 2016.....	XXX	XXX						
5. 2017.....	XXX	XXX	XXX					
6. 2018.....	XXX	XXX	XXX	XXX				
7. 2019.....	XXX	XXX	XXX	XXX	XXX			
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SUPP303.2

## LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)

### LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) (a)

Incurred Year	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021
<b>C. Summary</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholder</b>								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2014.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2015.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2016.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2017.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2018.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2014.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2015.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2016.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2017.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2018.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
<b>PART 3 - Transferred Reserves</b>								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2014.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2015.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2016.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2017.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2018.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2014.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2015.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2016.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2017.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2018.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SUPP303.3

(a) Indicate whether claim reserves and liabilities for prior years are based on historical or current reserving assumptions:  
 Historical  
 Current



## LONG-TERM CARE EXPERIENCE REPORTING FORM 4 DIRECT GROUP EXPERIENCE - STAND-ALONE ONLY (\$000 OMITTED)

REPORTING YEAR 2021

(To Be Filed By April 1)

NAIC Group Code: 00

NAIC Company Code: 95722

	1	2	3	4	5	6	7	8
	Calendar Year of Peak Issues	Third Party Funding (%)	Average Attained Age	Earned Premiums	Incurred Claims	Number of Lives in Force Year End	Number of Terminations	Number of New Lives Insured
1. Current (Comprehensive).....								
2. Total Inception-to-Date (Comprehensive).....			.XXX			.XXX	.XXX	
3. Current (Institutional only).....								
4. Total Inception-to-Date (Institutional only).....			.XXX			.XXX	.XXX	
5. Current (Non-Institutional only).....								
6. Total Inception-to-Date (Non-Institutional only).....			.XXX			.XXX	.XXX	
7. Current (Grand Total).....				.0	.0	.0	.0	.0
8. Total Inception-to-Date (Grand Total).....		.0000	.XXX	.0	.0	.XXX	.XXX	.0

SUPP304



**LONG-TERM CARE EXPERIENCE REPORTING FORM 5  
EXPERIENCE IN THE STATE OF GRAND TOTAL  
STAND-ALONE AND HYBRID PRODUCTS - DIRECT STATE REPORTING (\$000 OMITTED)**

REPORTING YEAR 2021  
(To Be Filed By April 1)

NAIC Group Code: 00

NAIC Company Code: 95722

	1 Number of New Lives Insured	2 Number of Lives In-Force Year End	3 Earned Premiums	4 Incurred LTC Claims	5 Incurred Extended Benefits Claims	6 Number of Claims Remaining Open	7 Number of Claims Opened	8 Number of New Extended Benefits Claims	9 Accelerated Benefits Available	10 Extended Benefits Available
Stand-Alone LTC										
1. Current.....					XXX			XXX	XXX	XXX
2. Total Inception-to-Date.....		XXX			XXX	XXX		XXX	XXX	XXX
LTC Hybrid Policies and Riders										
3. Current (Acceleration only).....					XXX			XXX		XXX
4. Total Inception-To-Date (Acceleration only).....		XXX			XXX	XXX		XXX	XXX	XXX
5. Current (Extended Benefits Policies).....										
6. Total Inception-to-Date (Extended Policies).....		XXX				XXX		XXX		XXX

SUPP305

**FIRST MEDICAL HEALTH PLAN, INC.  
MANAGEMENT DISCUSSION AND ANALYSIS  
AS OF DECEMBER 31, 2021**

The following analysis of fluctuations and results of operations of the Company should be read in conjunction with the Financial Statements included with this document.

**Company Background**

The Company is a corporation organized in February 1977 under the laws of the Commonwealth of Puerto Rico. The Corporation is authorized to provide, with profit motive, services related with health care as approved by the Office of the Insurance Commissioner of Puerto Rico.

Premium revenues are derived mainly from the Central Government agencies and Municipalities, as well as from the Medicaid program through the Puerto Rico Health Insurance Administration (ASES). The Company is the largest health care services provider to public employees in Puerto Rico, and the leader in the Individual Health Insurance market in the Island.

On April 1, 2015, First Medical Health Plan, Inc. executed a contract with the Puerto Rico Health Insurance Administration (ASES) for the administration of health insurance benefits under the Medicaid and the Children's Health Insurance Program ("CHIP") in the Commonwealth, serving a mixed population including not only the Medicaid and CHIP populations, but also other eligible individuals as established by Act 72, and to comply with Puerto Rico's public policy objectives of creating GHP, an integrated system of physical and Behavioral Health Services, with an emphasis on preventative services and access to quality care. The contract granted was to serve three regions: North, San Juan and Virtual. On November 1, 2018, First Medical Health Plan, Inc. entered into a new contract with ASES for the management of the GHP membership under the Unique Region model of service for the whole island, with an assigned membership of approximately 319,000 lives as of December 31, 2021.



## Consolidated Results of Operations and Prospective Information

The following table summarizes the results of operations:

	<u>2021</u>	<u>2020</u>
Operating revenue	\$1,397,657,901	\$1,231,236,024
Health care costs	<u>1,307,415,886</u>	<u>1,084,530,483</u>
Gross profit	90,242,015	146,705,541
Selling, general & administrative	<u>109,760,506</u>	<u>116,864,530</u>
Operating income (loss)	(19,518,491)	29,841,011
Other income	3,175,771	328,735
Net realized capital gain	<u>1,355,987</u>	<u>935,143</u>
Net income before taxes	(14,986,733)	31,104,889
Income taxes (deferred)	<u>5,400,000</u>	<u>10,377,159</u>
Net income (loss)	<u>\$ (9,586,733)</u>	<u>\$ 20,727,730</u>

### Revenues

During the year 2021, an increase in net premium revenues is noted when compared to the previous year.

The Governmental Health Plan accounted for \$886 million in premium revenues for the year 2021. This increase in premiums resulted from the addition of the new lives added during the year as result of new eligibility parameters implemented by the Medicaid State Agency, accounting for approximately 19,000 additional lives, and ending with approximately 319,000 lives as of December 31, 2021.

As in the previous years, the contract with ASES provides for a 2% withholding on premiums due to FMHP as quality reserve, for which recoupment is subject to the compliance with certain quality measures detailed in the contract. ASES must reimburse the Organization the funds withheld based on compliance with the quality measures established. Effective with the new contract for Vital started November 1, 2018, ASES has redesigned these quality measures, and FMHP continues its effective working plan in place to ensure compliance with them and collection of the total premium amounts. Since the inception of FMHP in the Governmental Health Plan, the Organization has complied with the established quality measures and has successfully recouped the amounts for all quarterly periods evaluated by ASES.

In the Commercial line of business, premium revenues are derived mainly from the Central Government agencies and Municipalities, which comprises approximately 59% of the revenues in this line of business. The Organization is the largest provider of health care services to public employees in Puerto Rico. In addition, FMHP continues as the leader in Individual health insurance coverage plans with over 85,000 individual members, a 62%

share islandwide. The company is also strengthening its private commercial groups with aggressive and competitive products. During the year 2021, the Commercial line of business accounted for \$511 million in premium<sup>307</sup> revenues.

During 2016, the Company executed Administrative Service Organization (ASO) agreements as third-party administrator for certain private groups. Under these agreements, First Medical has successfully managed the processing and payments to providers for health services rendered to the members of these private groups, without assuming any risk, for an established admin fee. These contracts continue in effect during the year ended on December 31, 2021, while other groups under these arrangements are about to commence within the next year.

### **Medical Costs**

Health care costs include claims payments and other costs incurred to provide health insurance costs to its members, as well as estimates of future payments for medical costs provided prior to the balance sheet date. The estimate of future medical claims and other medical expense payments are made on methods and assumptions based on claims payment submission patterns, medical cost inflation, historical and future developments such as new diseases development, coverage changes, terminal illness cases, increase in use of health care services, new government mandated benefits or other regulatory changes and other relevant factors. Company's costs consist of services provided by hospitals, clinics, pharmacies, vision, physicians, and laboratories among others. Total consolidated health care costs amounted to \$1,307 million, with a medical loss ratio of 92% for the year ended December 31, 2021.

During the year 2021 there was a marked increase in medical costs, particularly those related to COVID-19 laboratory tests. New variants of the virus, combined with the government's releases of certain restrictions to contain the pandemic, as well as announced requirements to present negative Covid tests at workplaces, schools, colleges and several social events, triggered certain spikes in the overutilization of these tests by the general population, which resulted in a higher MLR. In pharmacy, FMHP implemented certain innovative measures for cost containment given the ascending spiral of high cot medications.

During 2021, the Organization continued its working plan and business initiatives and strategies to enhance the operations, bring premium income to optimal levels, cost containment initiatives in medical costs, while focused on the medical needs of our plan members and best business practices. Those initiatives are summarized as follows:

1. Resumed activities focused in Social and Health Needs of the subscribers, which had been slowed down in the previous year due to the pandemic.
2. Enhancement our Provider Network thru Quality Metrics and Benchmarks
3. Review and expansion of Individual Coverage Premiums.
4. Expansion of Multidisciplinary Clinics

5. Develop new products for an increase in the market share for private groups and public corporations' segments.
6. Implementation of a new contract with our PBM to control overutilization and cost increase trends.
7. Alliance initiatives with business partners focused on membership increase and retention.
8. Continued improvements to analytic and business intelligence reporting tools.

Multidisciplinary Clinics continue playing a very important role to control medical costs. Through our affiliated clinics, these specialized care settings provide accessible and cost-effective services from family medicine specialists, nutritionists, social workers, and other healthcare professionals under the direct supervision of Endocrinologists, providing quality healthcare to a very needed population in need of health services from these and other specialists, which are actually very limited within the island. During 2021 we added another of these specialized clinics in the Bayamón area.

Quality Initiatives is always a key element as part of our business strategy plan. During 2021, continued expanding its successful Quality programs within the Commercial business, enhancing the quality projects based on clinical and non-clinical factors that may need improvement. The program plan continuously develops, monitors and improves guidance and working initiatives on a short, medium and long range timeframes, and is designed to ensure the compliance with all standards of confidentiality for the adequate care and protection of patients and providers.

### **Selling, General and Administrative**

The Company is related to International Medical Card, Inc. (IMC), a corporation engaged in claims processing and payments to health care providers contracted by the Company. IMC also manages our provider network and also provides analytic analysis support for both segments of business. First Medical Health Plan, Inc. pays an administrative fee to IMC for its services based on membership PMPM basis.

During 2021, First Medical Health Plan maintained strict and efficient controls over its general and administrative expenses. State and Federal taxes, such as the Special Premium Tax and PCORI, were incurred and properly paid. These taxes combined had a financial effect of \$5.2mm which is included in the results of operations for 2021. The consolidated actual administrative and general expenses, excluding taxes, remained under 10%.

The Organization continues its aggressive agenda to continue increasing its market share for the Individuals and Private Groups segments within the Commercial line of business. As mentioned previously in this document, in the Medicaid segment First Medical Health Plan experienced an approximate increase of 19,000 lives, for a 6% growth. These facts evidence the reliability and confidence that the government has placed in FMHP's management capability to perform cost-effectively and assume volume under this contract.

FMHP continues enhancing its technology systems to fulfill the continuous challenges in the Commercial and Medicaid Programs with the best alternatives and practices available in the market, as well as the creation and implementation of initiatives for case management, disease management, and prevention and education programs, among others.

### **Income Taxes**

For the year ended December 31, 2021, a deferred tax asset and provision in the amount of \$5.4 million has been recorded and established as a tax benefit to be carry-forwarded to future years, as result of the net loss incurred during the current year.

### **Result of Operations - Net Income and Financial Condition**

In the aggregate, the Company ended year 2021 with a consolidated net loss in the amount of \$9.5mm, including the \$5.4mm deferred tax asset mentioned above. Compared to the previous year, During the year 2021 there was a marked increase in medical costs, particularly those related to COVID-19 laboratory tests. New variants of the virus, combined with the government's releases of certain restrictions to contain the pandemic, as well as announced requirements to present negative Covid tests at workplaces, schools, colleges and several social events, triggered certain spikes in the overutilization of these tests by the general population, which resulted in a higher MLR. Nevertheless, increases in premiums are being appropriately considered within the next year for renewals and new clients proposals for certain segments of the Commercial business, as well as the redesign of benefits' coverage and deductibles to various governmental groups, capitation for inpatient and other certain services, the expansion of preferred networks, among others, to recover from the results of 2021 and maintain a profitable operation under a challenging market of continued cost increases and inflation factors within the health industry.

The primary sources of cash for the Company consist of premiums collected and investment income. It has various saving certificates and secured investments in bank accounts. Among these, \$600,000 is pledged with the Puerto Rico Office of the Insurance Commissioner in accordance with the Puerto Rico Insurance Code.

Accounts receivable is composed mainly of Government agencies and municipalities, as well as Medicaid funds through the Puerto Rico Health Insurance Administration. Receivables are in line with prior year, and mostly collected as of the date of this report.

Claims payable and claims reserves were properly and carefully adjusted for the expected increase in volume, additional benefits and coverage, medical and drugs costs increases, terminal and catastrophic illness exposure, inflation, and pandemic-related costs, among other factors. The innovative Inpatient Capitation model with a preferred hospital networks, transferring risk to a third party, resulted in consistent levels for required claim reserves and continues to be a successful model of risk and cost containment.

The major components of general expenses due or accrued continue to be salaries and benefits, commissions, network administrative fees, and professional services.

First Medical carefully revised and developed business strategic plans for the Commercial line of business to enhance and maintain and its cost-effective financial position during the year 2021. Our main initiatives are focused in quality excellence and cost-effective utilization without affecting the quality of services, access, and service to both providers and beneficiaries' population, and the continuance of the capitation of inpatient services. The COVID-19 pandemic has been a game changer for the healthcare provider services community, resulting in challenging, unprecedented and difficult circumstances. FMHP has implemented initiatives with the providers and subscribers communities to continue strengthening our market share within the actual market conditions, attritions in governmental employees, contributions, and the serious fiscal situation that has affected the Island.

First Medical Health Plan, Inc. reaffirms its full commitment and fiscal responsibility to continue improving our quality and excellent services to both providers and subscribers communities, identifying potential risks and weaknesses in advance in order to implement the necessary actions and initiatives to keep our operations financially profitable. Year 2021 was a very challenging, but we continue innovating with the proper actions and initiatives to strengthen and comply with the regulatory financial and solvency requirements.



## **Independent Auditor's Report**

Board of Directors  
First Medical Health Plan, Inc.  
Guaynabo, Puerto Rico

We have audited the accompanying statutory statements of admitted assets, liabilities, capital and surplus of First Medical Health Plan, Inc. as of December 31, 2021 and 2020 and the related statements of revenues, expenses and changes in capital and surplus, and statements of cash flows for the years then ended and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatements whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures of the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatements of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the admitted assets, liabilities, capital and surplus of First Medical Health Plan, Inc. at December 31, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in conformity with accounting practices prescribed by the Puerto Rico Office of the Insurance Commissioner.



*Centeno Figueroa & Co.*

Centeno Figueroa & Co. CPA, PSC

License No. 224

Expires December 1, 2024

Guaynabo, PR  
March 31, 2022





To the Board of Directors of  
First Medical Health Plan, Inc.

Re: Accountant's Letter of Qualifications

We have audited, in accordance with generally accepted auditing standards, the statutory basis financial statements of First Medical Health Plan, Inc. (the "Company") for the years ended December 31, 2021 and 2020 and have issued our report thereon dated March 31, 2022. In connection therewith, we advise you as follows:

- a. We are independent certified public accountants with respect to the Company and conform to the standards of the accounting profession as contained in the Code of Professional Conduct and pronouncements of the American Institute of Certified Public Accountants, and the Rules of Professional Conduct of the Puerto Rico Board of Public Accountancy.
- b. The engagement partner and engagement manager, who are certified public accountants, have 16 years and 18 years, respectively, of experience in public accounting and are experienced in auditing insurance enterprises. Members of the engagement team, most of whom have had experience in auditing insurance enterprises, were assigned to perform tasks commensurate with their training and experience.
- c. We understand that the Company intends to file its audited statutory basis financial statements and our reports thereon with the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico and that the insurance commissioner will be relying on that information in monitoring and regulating the statutory financial condition of the Company.

While we understand that an objective of issuing a report on the statutory basis financial statements is to satisfy regulatory requirements, our audit was not planned to satisfy objectives or responsibilities of insurance regulators. In this context, the Company and insurance commissioners should understand that the objective of an audit of statutory basis financial statements in accordance with generally accepted auditing standards is to form an opinion and issue a report on whether the statutory basis financial statements present fairly, in all material respects, the admitted assets, liabilities, and capital and surplus, results of operations and cash flow in conformity with accounting practices prescribed or permitted by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico. Consequently, under generally accepted auditing standards, we have the responsibility, within the inherent limitations of the auditing process, to plan and perform our audit to obtain reasonable assurance about whether the statutory basis financial statements are free of material misstatement, whether caused by error or fraud, and to exercise due professional care in the conduct of the audit. The concept of selective testing of the data being audited, which involves



judgment both as to the number of transactions to be audited and the areas to be tested, has been generally accepted as a valid and sufficient basis for an auditor to express an opinion on financial statements. Audit procedures that are effective for detecting errors, if they exist, may be ineffective for detecting misstatements resulting from fraud. Because of the characteristics of fraud, particularly those involving concealment and falsified documentation (including forgery), a properly planned and performed audit may not detect a material misstatement resulting from fraud. In addition, an audit does not address the possibility that material errors or misstatements caused by fraud may occur in the future. Also, our use of professional judgment and the assessment of materiality for the purpose of our audit means that matters may exist that would have been assessed differently by insurance commissioners.

It is the responsibility of the management of the Company to adopt sound accounting policies to maintain an adequate and effective system of accounts, and to establish and maintain internal control that will, among other things provide reasonable, but not absolute assurance that assets are safeguarded against loss from unauthorized use or disposition and that transactions are executed in accordance with management's authorization and recorded properly to permit the preparation of financial statements in conformity with accounting practices prescribed or permitted by Office of the Insurance Commissioner of the Commonwealth of Puerto Rico.

The Insurance Commissioner should exercise due diligence to obtain whatever other information that may be necessary for the purpose of monitoring and regulating the statutory financial position of insurers and should not rely solely upon the independent auditor's report.

- d. We will retain all documents (including those kept in a hard copy or electronic medium) created or received by us that are necessary or appropriate to document the Firm's professional work product, for seven years from the date that we grant permission to use our report in connection with the issuance of the company's financial statements (report release date), unless a longer period of time is required by law. After notification to the Company we will make the workpapers available for review by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico at the office of the insurer, at our offices, or at any other reasonable place designated by the Insurance Commissioner. Furthermore, in the conduct of the aforementioned periodic review by the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico, photocopies of pertinent audit workpapers may be made (under the control of the accountant) and such copies may be retained by Office of the Insurance Commissioner of the Commonwealth of Puerto Rico.
- e. The engagement partner has served in that capacity with respect to the Company since 2018, is licensed by the Puerto Rico Board of Public Accountancy, and is a member in good standing of the Puerto Rico Society of CPA's.
- f. To the best of our knowledge and belief, we are in compliance with the requirements of Section 7 of the NAIC's *Model Rule (Regulation) Requiring Annual Audited Financial Reports* regarding qualifications of independent certified public accountants.



This letter is intended solely for the information and use of the board of directors and management of the Company and the Office of the Insurance Commissioner of the Commonwealth of Puerto Rico and is not intended to be and should not be used by anyone other than these specified parties.



**CENTENO FIGUEROA & CO. CPA, PSC**

License No. 224

Expires on  
December 1, 2024

March 31, 2022  
Guaynabo, Puerto Rico

