#### SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA Civil Division

DISTRICT OF COLUMBIA Department of Insurance, Securities and Banking,

Petitioner,

V.

D.C. CHARTERED HEALTH PLAN, INC.,

Respondent.

Civil Action No.: 2012 CA 008227 2

Judge: Melvin R. Wright

Calendar No.: 15

Next Scheduled Event: Status Hearing September 11, 2014, at 9:30 a.m.

#### **PRAECIPE**

## NOTICE OF FILING OF SPECIAL DEPUTY TO THE REHABILITATOR'S THIRTEENTH STATUS REPORT

D.C. Chartered Health Plan, Inc., acting through its Rehabilitator and his attorneys, files the attached Special Deputy to the Rehabilitator's Thirteenth Status Report.

Dated: September 3, 2014 Respectfully submitted,

By: /s/ Richard E. Hagerty
Richard E. Hagerty
Bar Number 411858
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(703) 448-6520 (facsimile)
richard.hagerty@troutmansanders.com

By: /s/ David K. Herzog
David K. Herzog (admitted *pro hac vice*)
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300 N. Meridian Street, Suite 2700
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David.Herzog@faegrebd.com

Attorneys for the Rehabilitator and the Special Deputy to the Rehabilitator for D.C. Chartered Health Plan, Inc.

#### **Certificate of Service**

I hereby certify that on September 3, 2014, a copy of the foregoing *Notice of Filing of Special Deputy to the Rehabilitator's Thirteenth Status Report*, with exhibits, was filed and served by email upon:

Chester A. McPherson, Rehabilitator c/o Stephanie Schmelz
DISB, Office of the General Counsel
810 First St., NE, Suite 701
Washington, D. C. 20002
Stephanie.Schmelz@dc.gov

Daniel Watkins Special Deputy Rehabilitator 1050 K Street NW, Suite 400 Washington, DC 20001 danwatkins@sunflower.com

Charles T. Richardson Faegre Baker Daniels LLP 1050 K Street NW, Suite 400 Washington, DC 20001 crichardson@faegrebd.com Stephane J. Latour
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/s/ Richard E. Hagerty
Richard E. Hagerty

#### SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA Civil Division

DISTRICT OF COLUMBIA Department of Insurance, Securities and Banking,

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#### SPECIAL DEPUTY TO THE REHABILITATOR'S THIRTEENTH STATUS REPORT

Daniel L. Watkins, as Special Deputy to the Rehabilitator of D.C. Chartered Health Plan, Inc. in Rehabilitation ("Chartered"), files this *Thirteenth Status Report*.

Update From Twelfth Status Report. On July 2, 2014, the Special Deputy filed his
 Twelfth Status Report with the Court. The following information provides an update to the
 Twelfth Status Report.

#### (a) Pending Legal Matters.

i. Court Registry Process. As reported in the Twelfth Status Report, the D.C.

Department of Health Care Finance ("DHCF") deposited \$2,072,770.27 in the

Court Registry on July 1, 2014 for the benefit of Chartered's providers to ensure
equitable *pro rata* distribution of Part II settlement payments pursuant to the

Court-approved Plan of Reorganization. Pursuant to a petition filed on July 30,

2014, and the Court's Order Approving Petition for Payment from the Court

Registry, entered August 5, 2014, the Special Deputy has requested a check from
the Court Registry after which payments to providers will be made by the Colbent

Corporation in the amounts listed in *In Camera* Exhibit 1 to the July 30 petition.

ii. Oral argument on D.C. Healthcare Systems, Inc.'s appeals (which concern the approval of the Asset Purchase Agreement, the denial of a stay of the Asset Purchase Agreement, and approval of the DHCF settlement) has been scheduled for Wednesday, October 15, 2014 before the D.C. Court of Appeals.

#### (b) Parent Company and Related Party Issues.

- i. The parties in *D.C. Chartered Health Plan, Inc. v. Jeffrey E. Thompson and D.C. Healthcare Systems, Inc.*, Civil Action No. 2013 CA 003752 B (D.C. Super. Ct.) continue to await rulings from Judge Mott on Chartered's motion for partial summary judgment and on the defendants' motion to dismiss three counts in the Rehabilitator's complaint in that action. Discovery and other pre-trial matters are stayed.
- ii. As reported in the Tenth through Twelfth Status Reports, the Rehabilitator is working with tax professionals to determine whether Chartered has any outstanding federal income tax obligations. It is and will continue to be a slow process. As previously reported, no additional Class 3 payments to providers beyond the 83.88% pro rata share payments will be proposed by the Rehabilitator for the Court's consideration pending the completion of the Rehabilitator's review of Chartered's federal income tax matters.

#### (c) Financial Matters.

i. On August 13, 2014 Chartered timely filed its second quarter 2014 statutory financial statements with the Department of Insurance, Securities and Banking (DISB). That report is attached hereto as Exhibit 1. The highlights of the report are as follows:

- ✓ Chartered reported a year-to-date loss through June 30, 2014 in the amount of \$742,510. However, the results for the second quarter alone were a profit of \$33,341.
- ✓ The second quarter profit was driven by a journal entry (non-cash) recognizing \$369,954 of pharmacy rebates which have been accumulated by Caremark, Chartered's former pharmacy benefit manager, since Chartered transferred its insured members to AmeriHealth District of Columbia on April 30, 2013. This entry eliminated a liability on Chartered's books to Caremark for \$302,011 of unpaid pharmacy services previously provided to Chartered's members.

  Additionally, the entry established a receivable on Chartered's books from Caremark in the amount of \$67,943 for the excess of the rebates over the unpaid pharmacy services. The Special Deputy is actively pursuing collection from Caremark.
- ✓ During the second quarter of 2014 Chartered also received approximately \$137,000 from its subcontractors for healthcare claims subject to subrogation proceedings and from recoupments for previously overpaid healthcare claims.
- ✓ Chartered recorded approximately \$477,000 of administrative expense during the second quarter, including consulting fees, legal and accounting work, and costs to maintain information systems and records.
- ✓ Chartered's June 30, 2014 balance sheet shows a \$12.0 million deficit in its Capital and Surplus account. Assets were approximately \$8.5 million and composed entirely of cash and cash equivalents. Liabilities for unpaid provider claims were reduced from \$10.9 million at March 31, 2014 to \$10.5 million. This reduction was caused by the pharmacy transaction described above and a court-

approved payment of \$132,776 for healthcare claim appeals. Other liabilities were \$10.4 million, most of which represented unpaid premium taxes owed to DISB.

ii. The Special Deputy continues to work with his legal, financial and administrative professionals and consultants, along with an IT systems consultant and others at AmeriHealth District of Columbia, to prepare a document/data/ information preservation plan (and agreement with AmeriHealth District of Columbia) that will satisfy Chartered's post-contractual obligations under its now-expired Medicaid contract with the DHCF and common law obligations. Once the proposed preservation agreement is executed by the parties, we anticipate submitting it to the Court for approval. Over the long term, we also anticipate seeking additional Court approvals of modifications to the preservation agreement in the event that Chartered's retention obligations are narrowed by consent of the DHCF and/or by conclusion of the litigation in which Chartered is a party.

#### 2. Carrying Out the Plan of Reorganization and Payment of Chartered's Liabilities.

(a) **Proofs of Claim Process.** As previously reported, the Special Deputy received 65 proofs of claim totaling approximately \$14 million, with a few unquantified claims including one for indemnification from Jeff Thompson. The Special Deputy has continued to work to resolve both the amount and the priority class of those proofs of claim according to the process detailed in paragraph 2(a) of the Eleventh Status Report. To date, the Rehabilitator has mailed Notices of Determination to all but 3 claimants who filed proofs of claim, as described in the spreadsheet and summary narrative attached to the Twelfth Status Report. Claimants had 60 days from the date of the Notice of Determination to object to the Rehabilitator's Determination of Claim priority and/or amount allowed, if

any. The Special Deputy received five timely filed objections. New Determinations were mailed to two claimants, based on information provided in their objections. One provider withdrew its objection based on information provided by the Special Deputy, one provider was asked for additional documentation for its claim, and the Special Deputy sent a letter to one claimant with further explanation and information regarding the Determination. If there are any unresolved objections to these Determinations, the Special Deputy will notify the Court. Notice of Determinations on the 3 remaining proofs of claim will be sent to those claimants as reviews are completed.

#### (b) Provider Claims and Payments.

- i. As previously reported, Chartered paid healthcare providers \$18 million for Part I payments under the DHCF Settlement Agreement. DHCF distributed approximately \$28 million of the \$30 million DHCF Settlement Agreement Part II payments through its grant program. (Together, the Part I and Part II payments for each approved provider claim constitute the 83.88% pro rata share mentioned herein.) The outstanding balance of unpaid Part II settlement payments will be made to providers as described in paragraph 1(a)(i) above.
- ii. Chartered has also paid with estate assets 83.88% of the (a) \$8.4 million settlement with MedStar; and (b) approximately \$1.14 million in claim appeals approved through July 2014.
- (c) Claim Appeals. Chartered has continued to determine claim appeals. To date, there have been four petitions requesting approval of payment of claim appeals. The Court issued orders granting payment approval on December 12, 2013, April 3, 2014, June 6, and July 9, 2014, with total approved payments of approximately \$957,000.

#### 3. Rehabilitation Expenses.

- (a) The Court has approved all of the Rehabilitator's petitions for approval of Submissions of Fees and Expenses through the Eleventh Submission.
- (b) On August 15, 2014, Chartered filed a Notice of Filing by the Special Deputy to the Rehabilitator of the Twelfth Submission of Fee and Expense Statements for *In Camera* Review and Petition for Approval of Payment. **Exhibit 2** is a spreadsheet showing the Class 1 fees and expenses in the Twelfth Fee Submissions.
- 4. <u>Chartered Assets</u>. Chartered will have cash assets of approximately \$8 million after the May through July invoices are approved and paid.

Respectfully submitted,

/s/ Daniel L. Watkins
DANIEL L. WATKINS
Special Deputy to the Rehabilitator for
D.C. Chartered Health Plan, Inc.

## EXHIBIT 1

### **QUARTERLY STATEMENT**

### **OF THE**

## DC CHARTERED HEALTH PLAN, INC.

of

Washington

in the state of

**District of Columbia** 

**TO THE** 

**Insurance Department** 

OF THE STATE OF

**District of Columbia** 

FOR THE QUARTER ENDED JUNE 30, 2014



### QUARTERLY STATEMENT

**AS OF JUNE 30, 2014** 

OF THE CONDITION AND AFFAIRS OF THE

### DC CHARTERED HEALTH PLAN, INC.

NAIC Group Code	0000 (Current Period)	, 0000 (Prior Period)	NAIC Company Code _	95748	Employer's ID Number	52-1492499	
Organized under the Laws or	f	District of Columbia	, State of Don	nicile or Port of Entry	/ District	of Columbia	
Country of Domicile		United States of America					
Licensed as business type:	Life, Accident & H Dental Service Co Other[ ]	orporation[] \	Property/Casualty[ ] Fision Service Corporation[ ] Find HMO Federally Qualified? Yes[ ]	Health	I, Medical & Dental Service or In Maintenance Organization[X]	ndemnity[ ]	
Incorporated/Organized		09/12/1986	Comn	nenced Business	09/12/19	86	
Statutory Home Office		1120 Vermont Avenu	<u> </u>		Washington, DC, US 20005		
Main Administrative Office		(Street and Number	<i>'</i>	ont Avenue NW	(City or Town, State, Country and Zip	o Code)	
	Was	hington, DC, US 20005	(Street	and Number)	(202)326-8924		
		State, Country and Zip Code)			(Area Code) (Telephone Nu	mber)	
Mail Address		1120 Vermont Avenu	e NW ,		Washington, DC, US 2000	5	
D		(Street and Number or P.0	,		(City or Town, State, Country and Zip	Code)	
Primary Location of Books ar	nd Records			Vermont Avenue N (Street and Number)	W		
	Washin	gton, DC, US 20005	,	(Street and Number)	(202)326-8924		
		State, Country and Zip Code)			(Area Code) (Telephone Nu	mber)	
Internet Web Site Address		www.chartered-he	alth.com				
Statutory Statement Contact		Edward Frederick	Ocwald		(202)326-8924		
Statutory Statement Contact		(Name)	Oswaiu		(Area Code)(Telephone Number)	(Extension)	
	eoswald@	chartered-health.com					
	Daniei Lawi		puty to the Rehabilitator for DC Char RECTORS OR TRUST				
The officers of this reporting en the herein described assets would related exhibits, schedule and reporting entity as of the Statement Instructions and Act	rere the absolute pro- es and explanations reporting period sta occunting Practices	operty of the said reporting therein contained, annexe ted above, and of its incom and Procedures manual ex	that they are the described officers of entity, free and clear from any liens d or referred to, is a full and true state and deductions therefrom for the accept to the extent that: (1) state law	or claims thereon, e tement of all the ass period ended, and h may differ; or, (2) th	except as herein stated, and that ets and liabilities and of the con- ave been completed in accordal at state rules or regulations requ	this statement, together dition and affairs of the nce with the NAIC Annual uire differences in	
described officers also include enclosed statement. The elec	es the related corres	sponding electronic filing wi	ne best of their information, knowled th the NAIC, when required, that is a ators in lieu of or in addition to the e (Signature)	an exact copy (exce			
	awrence Watkins		Edward Frederick Oswald		(Signatule)		
(Pr	rinted Name)		(Printed Name)		(Printed Name)	1	
Special D	1. eputy Rehabilitator		2. Interim CFO		3.		
Special Di	(Title)		(Title)	(Title)			
Subscribed and sworn	,	ş	. Is this an original filing?		Yes[X] No[]		
day of			i. If no,  1. State the amendment  2. Date filed	t number		_	

3. Number of pages attached

(Notary Public Signature)

### **ASSETS**

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16.1 Amounts recoverable from reinsurers 16.2 Funds held by or deposited with reinsured companies 16.3 Other amounts receivable under reinsurance contracts 17. Amounts receivable relating to uninsured plans 18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS	15.	5.3 Accrued retrospective premiums				
16.1 Amounts recoverable from reinsurers 16.2 Funds held by or deposited with reinsured companies 16.3 Other amounts receivable under reinsurance contracts 17. Amounts receivable relating to uninsured plans 18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS	16 Re	einsurance.				
16.2 Funds held by or deposited with reinsured companies 16.3 Other amounts receivable under reinsurance contracts 17. Amounts receivable relating to uninsured plans 18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$						440.000
16.3 Other amounts receivable under reinsurance contracts 17. Amounts receivable relating to uninsured plans 18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS	16.	5.1 Amounts recoverable from reinsurers				143,039
17. Amounts receivable relating to uninsured plans  18.1 Current federal and foreign income tax recoverable and interest thereon  18.2 Net deferred tax asset  19. Guaranty funds receivable or on deposit  20. Electronic data processing equipment and software  21. Furniture and equipment, including health care delivery assets  (\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS	16.	5.2 Funds held by or deposited with reinsured companies				
17. Amounts receivable relating to uninsured plans  18.1 Current federal and foreign income tax recoverable and interest thereon  18.2 Net deferred tax asset  19. Guaranty funds receivable or on deposit  20. Electronic data processing equipment and software  21. Furniture and equipment, including health care delivery assets  (\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS	16	3. Other amounts receivable under reinsurance contracts				
18.1 Current federal and foreign income tax recoverable and interest thereon  18.2 Net deferred tax asset  19. Guaranty funds receivable or on deposit  20. Electronic data processing equipment and software  21. Furniture and equipment, including health care delivery assets (\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS						
18.2 Net deferred tax asset  19. Guaranty funds receivable or on deposit  20. Electronic data processing equipment and software  21. Furniture and equipment, including health care delivery assets (\$		•				
19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  DETAILS OF WRITE-INS	18.1 Cu	urrent federal and foreign income tax recoverable and interest thereon				
19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  DETAILS OF WRITE-INS	18.2 Ne	et deferred tax asset				
20. Electronic data processing equipment and software 21. Furniture and equipment, including health care delivery assets (\$0) 22. Net adjustments in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27)  29. BETAILS OF WRITE-INS						
21. Furniture and equipment, including health care delivery assets (\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. Betalls OF WRITE-INS	19. Gu	uaranty funds receivable or on deposit				
21. Furniture and equipment, including health care delivery assets (\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. Betalls OF WRITE-INS	20. El€	ectronic data processing equipment and software				
(\$0)  22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. Beraults OF WRITE-INS						
22. Net adjustments in assets and liabilities due to foreign exchange rates  23. Receivables from parent, subsidiaries and affiliates  24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. Bertails OF WRITE-INS						
23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27) 29. Barron Separate Accounts (Lines 26 and 27) 20. Barron Separate Accounts (Lines 26 and 27) 20. Barron Separate Accounts (Lines 26 and 27) 21. Barron Separate Accounts (Lines 26 and 27) 22. Barron Separate Accounts (Lines 26 and 27) 23. Barron Separate Accounts (Lines 26 and 27) 24. Barron Separate Accounts (Lines 26 and 27) 25. Barron Separate Accounts (Lines 26 and 27) 26. Barron Separate Accounts (Lines 26 and 27) 27. Barron Separate Accounts (Lines 26 and 27) 28. Barron Separate Accounts (Lines 26 and 27) 29. Barron Separate Accounts (Lines 26 and 27) 20. Barron S	(\$.	0)				
23. Receivables from parent, subsidiaries and affiliates 24. Health care (\$0) and other amounts receivable 25. Aggregate write-ins for other than invested assets 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27) 29. Barron Separate Accounts (Lines 26 and 27) 20. Barron Separate Accounts (Lines 26 and 27) 20. Barron Separate Accounts (Lines 26 and 27) 21. Barron Separate Accounts (Lines 26 and 27) 22. Barron Separate Accounts (Lines 26 and 27) 23. Barron Separate Accounts (Lines 26 and 27) 24. Barron Separate Accounts (Lines 26 and 27) 25. Barron Separate Accounts (Lines 26 and 27) 26. Barron Separate Accounts (Lines 26 and 27) 27. Barron Separate Accounts (Lines 26 and 27) 28. Barron Separate Accounts (Lines 26 and 27) 29. Barron Separate Accounts (Lines 26 and 27) 20. Barron S	22. Ne	et adjustments in assets and liabilities due to foreign exchange rates				
24. Health care (\$0) and other amounts receivable  25. Aggregate write-ins for other than invested assets  26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  28. TOTAL (Lines 26 and 27)  29. Betalls OF WRITE-INS		•				
25. Aggregate write-ins for other than invested assets 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469 259,469						
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 8,760,262 259,469 8,500,792  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27) 8,760,262 259,469 8,500,792  DETAILS OF WRITE-INS	24. He	ealth care (\$0) and other amounts receivable				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) 8,760,262 259,469 8,500,792  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 28. TOTAL (Lines 26 and 27) 8,760,262 259,469 8,500,792  DETAILS OF WRITE-INS	25. Aa	ggregate write-ins for other than invested assets	259.469	259.469		0
Protected Cell Accounts (Lines 12 to 25) 8,760,262 259,469 8,500,792 27. From Separate Accounts, Segregated Accounts and Protected Cell	-	• •	13,130	12,120		•
27. From Separate Accounts, Segregated Accounts and Protected Cell				_		
Accounts	Pro	rotected Cell Accounts (Lines 12 to 25)	8,760,262	259,469	8,500,792	9,995,659
Accounts	27. Fro	om Separate Accounts, Segregated Accounts and Protected Cell				
28. TOTAL (Lines 26 and 27) 8,500,792  DETAILS OF WRITE-INS						
DETAILS OF WRITE-INS						
			8,760,262	259,469	8,500,792	9,995,659
1101.						
· · <del>- · · · · · · · · · · · · · · · · </del>	1101					
1102.	1102					
1103.						
1198. Summary of remaining write-ins for Line 11 from overflow page						
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	1133. IU	OTALO (LINES TTO LUNOUGH TTOS PIUS TT30) (LINE TT 300VE)	407.500	407.500		
2501. PREPAIDS						
2502. ACCOUNTS RECEIVABLE - OTHER						
2503.						
2598. Summary of remaining write-ins for Line 25 from overflow page						
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)						

### LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND			Drior Voor	
		1 Covered	Current Period 2 Uncovered	3 Total	Prior Year 4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
٦.	rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
o. 7.	Aggregate health claim reserves				
8.	Premiums received in advance				
o. 9.	General expenses due or accrued				
9. 10.1	Current federal and foreign income tax payable and interest thereon (including \$0	10,023,307		10,023,367	10,377,003
10.1					
10.0	on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	100	100
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	4,690,419	4,690,419
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(16,712,989)	(15,838,974)
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.	Total Liabilities, capital and surplus (Lines 24 and 33)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
	LS OF WRITE-INS			, ,	, ,
2301.					
<ul><li>2302.</li><li>2303.</li></ul>					
	Summary of remaining write-ins for Line 23 from overflow page			I I	
	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		X X X	X X X		
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page			I I	
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
3001.		X X X	X X X		
3002.			X X X		
3003.	Summary of remaining write inc for Line 30 from overflow page				
	Summary of remaining write-ins for Line 30 from overflow page				

# STATEMENT AS OF June 30, 2014 OF THE DC CHARTERED HEALTH PLAN, INC. STATEMENT OF REVENUE AND EXPENSES

		Current Ye		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				·
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$ 0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues	xxx			
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
Hospit	al and Medical:				
9.	Hospital/medical benefits		(117,533)	49,479,621	48,564,072
10.	Other professional services		` ` `		
11.	Outside referrals		·		
12.	Emergency room and out-of-area		7,529	19,949,241	19,849,134
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical		` ` `		
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:			,		
17.	Net reinsurance recoveries			227 476	993 575
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$0 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	in reserves for life only)				(5.000.000)
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$0		,	,	· .
27.	Net investment gains or (losses) (Lines 25 plus 26)				
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered		,	,	,
	\$0) (amount charged off \$0)]				15,978,610
29.	Aggregate write-ins for other income or expenses				
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	(742,510)	(27,545,858)	(2,868,751)
31.	Federal and foreign income taxes incurred		` ` `		`
32.	Net income (loss) (Lines 30 minus 31)				
DETAI	LS OF WRITE-INS	•			
0601. 0602.					
0603.		XXX			
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page				
0701.	Loss on Disposal of Fixed Assets	X X X		(589,913)	(589,913)
0702. 0703.					
0703.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1401.	OTHER MEDICAL CLAIMS - DME		, ,		
1403.	Company of appoining with ins fact ins 44 from qualiformage				
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page				
2901.	Write-off of balances Due To/From Parent				(70,224)
2902. 2903.	Other Miscellaneous Income				
2998.	Summary of remaining write-ins for Line 29 from overflow page			(14,281,988)	(11,532,598)
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		1,592	(14,231,704)	[ (11,353,245)]

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

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	(11,148,455)	(9,611,106)	(9,611,106)
34.	Net income or (loss) from Line 32	(742,510)	(27,545,858)	(2,868,751)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(131,505)	905,391	1,331,402
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			0
	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			
48.	Net change in capital and surplus (Lines 34 to 47)	(874,015)	(26,640,467)	(1,537,349)
49. <b>DETAI</b>	Capital and surplus end of reporting period (Line 33 plus 48)	(12,022,470)	(36,251,573)	(11,148,455)
4701. 4702.	CORRECTION OF PRIOR PERIOD ACCOUNTING ERROR			
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

		CASH FLOW			
			1 Current Year	2 Prior Year	3 Prior Year Ended
			To Date	To Date	December 31
		Cash from Operations			
	Prem	niums collected net of reinsurance		117,039,524	165,534,554
	Net i	nvestment income	5,364	213,707	231,357
	Misce	ellaneous income		(589,913)	(589,913
	TOTA	AL (Lines 1 to 3)	5,364	116,663,318	165,175,999
	Bene	efit and loss related payments	(334,570)	91,006,519	140,581,02
	Net to	ransfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
	Com	missions, expenses paid and aggregate write-ins for deductions	1,560,257	25,580,035	34,245,10
	Divid	lends paid to policyholders			
		eral and foreign income taxes paid (recovered) net of \$0 tax on capital gains es)			
).	`	AL (Lines 5 through 9)			
1.		cash from operations (Line 4 minus Line 10)			
•	11010	Cash from Investments	(1,220,020)	, , , , , , , , , , , , , , , , , , , ,	(0,000,100
2.	Proce	eeds from investments sold, matured or repaid:			
	12.1	Bonds		13 /00 363	13 070 36
	12.1				
	12.2				
	12.3				
	12.5				
	12.6	3 ( ,			
	12.7	Miscellaneous proceeds			
	12.8	. , ,		13,499,363 	13,979,36 
		of investments acquired (long-term only):			
	13.1	Bonds		500,000	500,000
	13.2				
	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)		500,000	500,00
4.	Net i	ncrease (or decrease) in contract loans and premium notes			
5.	Net c	cash from investments (Line 12.8 minus Line 13.7 and Line 14)		12,999,363	13,479,36
		Cash from Financing and Miscellaneous Sources			
ò.	Cash	n provided (applied):			
	16.1	Surplus notes, capital notes			
	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				
7.		cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5			
		Line 16.6)	(131.506)	1.278.128	1.201.76
	-	NCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	( , , , , ,	, , ,	, , , ,
		change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
•		sharigo in oddir, oddir oquivalonic and chort term invocationic (Eine 11, pide Eine 10 and	(1,351,829)	14,354,255	5,031,00
	Cash	n, cash equivalents and short-term investments:			
	19.1	Beginning of year	9,852,621	4,821,621	4,821,62
	19.2	1 1			9,852,62
		Note: Supplemental Disclosures of Cash Flow Information f			
0.000	1	ng-term CDARs were reported as cash in the 12/31/11 annual statement - this was corrected			
	ın tı Not Not	he 1tes Receivable were reported as aggregate write-ins at 12/31/11 - at 3/31/12 a			

### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	marviadar	Croup	оирріотіст	Only	Offiny	Donoit Flair	Woodoard	Modicald	Otrioi
Total I	Members at end of:										
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
Total I	Member Ambulatory Encounters for Period:										
7.	Physician										
8.	Non-Physician										
9.	Total										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (a)										
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	(334,570)		14,344						(348,914)	
18.	Amount Incurred for Provision of Health Care										
	Services	(458,907)								(458,907)	

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0.

CLAIMS UNPAID AND INCE	ENTIVE POOL,	WITHHOLD AI	ND BONUS (Re	ported and Ur	reported)			
	Aging Analysis of Unpaid Claims							
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total		
0199999 Individually Listed Claims Unpaid								
0399999 Aggregate Accounts Not Individually Listed - Covered					10,499,675	10,499,67		
0499999 Subtotals					10,499,675	10,499,675		
0799999 Total Claims Unpaid						10,499,67		
0899999 Accrued Medical Incentive Pool And Bonus Amounts								

### **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	Paid Year to Date		Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					577,624	577,624
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan Title XVIII - Medicare						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	(205,875)		9,936,395		9,730,520	10,189,427
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	(191,531)		10,499,675		10,308,144	10,767,051
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	(191,531)		10,499,675		10,308,144	10,767,051

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

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of DC Chartered Health Plan (Chartered) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

		State of Domicile	2014	2013
NET	L INCOME			
11121	IIVCOVIL			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	DC	\$(742,510)	\$(2,868,750)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		\$0	\$0
(4)	NAIC SAP (1-2-3=4)		\$(742,510)	\$(2,868,750)
SURF	PLUS			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	DC	\$(12,022,470)	\$(11,148,454)
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		\$0	\$0
(8)	NAIC SAP (5-6-7=8)		\$(12,022,470)	\$(11,148,454)

- B. Use of Estimates in the Preparation of the Financial Statements No Material Change
- C. Accounting Policy No Material Change

#### 2. Accounting Changes and Corrections of Errors

No Material Change

#### 3. Business Combinations and Goodwill

- A. Statutory Purchase Method No Material Change
- B. Statutory Merger No Material Change
- C. Assumption Reinsurance No Material Change
- D. Impairment Loss No Material Change

#### 4. Discontinued Operations

No Material Change

#### 5. Investments

- A, B, C No Material Change
- D. Debt Restructuring None
- E. Repurchase Agreements and/or Securities Lending Transactions
  - (1) Policy for requiring collateral or other security No material change
  - (2) Carrying amount and classification of both those assets and associated liabilities No material change
  - (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
    - a. Aggregate amount of contractually obligated open collateral positions No material change
    - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged None
    - c. Information about the sources and uses of that collateral No material change
  - (4) Aggregate value of the reinvested collateral which is "one-line" reported and the aggregate reinvested collateral which is reported in the investment schedules No material change
  - (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged No material change
  - (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge No material change
  - (7) Collateral for transactions that extend beyond one year from the reporting date No material change
- F, G, H No Material Change
- I. Working Capital Finance Investments
  - (2) Aggregate book/adjusted carrying value maturity distributions on the underlying Working Capital Finance Programs None
  - (3) Events of default of working capital finance investments during the reporting period None

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

#### 7. Investment Income

No Material Change

#### 8. Derivative Instruments

No Material Change

#### 9. Income Taxes

No Material Change

#### ${\bf 10.}\ \ {\bf Information\ Concerning\ Parent,\ Subsidiaries,\ Affiliates\ and\ Other\ Related\ Parties}$

No Material Change

#### 11. Debt

- A. Outstanding Debt No Material Change
- B. FHLB (Federal Home Loan Bank) Agreements None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plan – No Material Change

- (1) Change in benefit obligation No Material Change
- (2) Change in plan assets- No Material Change
- (3) Funded status No Material Change
- (4) Amount of Net Periodic Benefit Cost recognized None
- (5) Net Gain or Loss and Net Prior Service Cost or credit recognized in unassigned funds (surplus) No Material Change
- (6) Amount in unassigned funds (surplus) expected to be recognized as components of net periodic benefit cost over the fiscal year No Material Change
- (7) Amount in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost No Material Change
- (8) Weighted-average assumptions used to determine net period benefit cost No Material Change
- (9) Amount of accumulated benefit obligations for defined benefit pension plans No Material Change
- (10) Assumed Health care cost trend rate for the next year used to measure the expected cost of benefit covered by the plan No Material Change
- (11) Effect of one percentage point increase and decrease in the assumed health cast trend rates No Material Change
- (12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years No Material Change
- (13) Regulatory contribution requirements No Material Change
- (14) Amounts and types of securities of the employer and related parties included in the plan assets No Material Change
- (15) Alternative amortization No Material Change
- (16) Substantive commitment No Material Change
- (17) Cost of providing special or contractual termination benefits No Material Change
- (18) Explanation of any significant change in benefit obligations or plan assets No Material Change
- (19) Amount and timing of any plan assets expected to be returned to the employer No Material Change
- (20) First year accumulated postretirement and pension benefit obligation No Material Change
- (21) Election of transition guidance No Material Change
- B. Defined Contribution Plan No Material Change
- C. Multi-Employer Plan No Material Change
- $D. \quad Consolidated/Holding \; Company \; Plans No \; Material \; Change$
- E. Post-Employment Benefits and Compensated Absences No Material Change
- F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No Material Change

#### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Material Change

#### 14. Contingencies

- A. Contingent Commitments No Material Change
- B. Assessments No Material Change
- C. Gain Contingencies No Material Change
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits No Material Change

E. All Other Contingencies - No Material Change

#### 15. Leases

- A. Lessee Operating Lease No Material Change
- B. Lessor Leases No Material Change

### 16. About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Material Change

#### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales No Material Change
- B. Transfer and Servicing of Financial Assets
  - (1) Description of loaned securities No material change
  - (2) Servicing Assets and Liabilities
    - a. Risks inherent in servicing assets and servicing liabilities No Material Change
    - b. Amounts of contractually specified servicing fees, late fees and ancillary fees earned for each period None
    - c. Assumptions used to estimate the fair value No Material Change
  - (3) Servicing Assets and servicing liabilities are subsequently measured at fair value No Material Change
  - (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the *Accounting Practices & Procedures Manual*) with the transferred financial assets:
    - a. Each income statement presented None
    - Each statement of financial position presented, regardless of when the transfer occurred -None
    - c. Transfers of financial assets accounted for as secured borrowing No Material Change
    - d. Transfers of receivables with recourse No Material Change
    - e. Securities underlying repurchase and reverse repurchase agreements No Material Change
- B. Wash Sales None

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

- A. ASO Plans No Material Change
- B. ASC Plans No Material Change
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract No Material Change

#### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Material Change

#### 20. Fair Value Measurements

- A. Fair Market Value at Reporting Date
  - 1. Fair Value Measurements at Reporting Date None
  - 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
  - 3. The Company does not have any securities valued at fair value.
  - 4. The Company has not valued any securities at a Level 3.
  - 5. Derivative assets and liabilities None

- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

						Not
						Practicable
Type of Financial	Aggregate	Admitted				(Carrying
Instrument	Fair Value	Assets	(Level 1)	(Level 2)	(Level 3)	Value)
Cash Equivalents	\$8,189,385	\$8,189,385	\$0	\$8,189,385	\$0	\$0

D. Not Practicable to Estimate Fair Value - None

#### 21. Other Items

- A. Extraordinary Items No Material Change
- B. Troubled Debt Restructuring No Material Change
- C. Other Disclosures and Unusual Items No Material Change
- D. Business Interruption Insurance Recoveries No Material Change
- E. State Transferable and Non-transferable Tax Credits No Material Change
- F. Subprime-Mortgage-Related Risk Exposure No Material Change
- G. Retained Assets No Material Change
- H. Offsetting and Netting of Assets and Liabilities None
- I. Joint and Several Liabilities No Material Change
- J. Risk Sharing Provisions of the Affordable Care Act None

#### 22. Events Subsequent

Type I – Recognized Subsequent Events

No Material Change

Type II - Nonrecognized Subsequent Events

No Material Change

#### 23. Reinsurance

No Material Change

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Material Change

#### 25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2013 were \$10,767,051 for unpaid claims. As of June 30, 2014, \$(334,570) has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$10,499,675 as a result of re-estimation of unpaid claims. Therefore there has been a \$601,946 favorable prior year development since December 31, 2013 to June 30, 2014.

#### 26. Intercompany Pooling Arrangements

No Material Change

#### 27. Structured Settlements

No Material Change

#### 28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables No Material Change
- B. Risk Sharing Receivables No Material Change

#### 29. Participating Policies

No Material Change

#### **30. Premium Deficiency Reserves**

No Material Change

#### 31. Anticipated Salvage and Subrogation

No Material Change

### **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

<ul><li>1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?</li><li>1.2 If yes, has the report been filed with the domiciliary state?</li></ul>										
	Has any change be reporting entity? If yes, date of char	een made during the year of this s	tatement in the charter, by-la	ws, articles of in	corporation, or de	eed of settlemen	t of the	Yes[ ] No[X]		
3.1 3.2 3.3	Is the reporting ent an insurer? If yes, complete: Have there been If the response to 3	ity a member of an Insurance Hole Schedule Y, Parts 1 and 1A. any substantial changes in the org 3.2 is yes, provide a brief descripti	ganizational chart since the proon of those changes:	ior quarter end?		sons, one or mor	e of which is	Yes[X] No[] Yes[] No[X]		
4.1 4.2	If yes, provide the	entity been a party to a merger or or on the company	consolidation during the perion during the period during the perio	d covered by thi e two letter state	s statement? e abbreviation) fo	r any entity that	has ceased	Yes[ ] No[X]		
		1 Name of	Entity	NAIC C	2 ompany Code	State	3 of Domicile			
5.	If the reporting enti or similar agreeme If yes, attach an ex	ty is subject to a management agn nt, have there been any significan planation.	reement, including third-party t changes regarding the term	administrator(s) s of the agreem	, managing gene ent or principals i	eral agent(s), atto nvolved?	orney-in-fact,	Yes[] No[X] N/A[]		
6.2	<ul> <li>6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.</li> <li>6.2 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.</li> <li>6.3 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</li> </ul>									
6.5	<ul> <li>date).</li> <li>6.4 By what department or departments? District of Columbia Department of Insurance and Securities Regulation</li> <li>6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?</li> <li>6.6 Have all of the recommendations within the latest financial examination report been complied with?</li> </ul>									
	<ul><li>7.1 Has this 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?</li><li>7.2 If yes, give full information</li></ul>									
8.2 8.3	If response to 8.1 i Is the company aff If response to 8.3 i regulatory services	subsidiary of a bank holding compiss yes, please identify the name of liated with one or more banks, thr s yes, please provide below the natagency [i.e. the Federal Reserve tion (FDIC) and the Securities Exc	the bank holding company. ifts or securities firms? ames and location (city and s Board (FRB), the Office of th	tate of the main e Comptroller of	office) of any affi	CC), the Federa	l Deposit	Yes[ ] No[X] Yes[ ] No[X]		
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
		, united the inc		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]			
9.1	similar functions) o (a) Honest and et relationships; (b) Full, fair, accu	ers (principal executive officer, pri f the reporting entity subject to a c hical conduct, including the ethica rate, timely and understandable d	code of ethics, which includes I handling of actual or appare isclosure in the periodic repo	the following st ent conflicts of in	andards? terest between p	ersonal and prof	· ·	Yes[X] No[]		
9 1·	(d) The prompt in (e) Accountability	ith applicable governmental laws, ternal reporting of violations to an for adherence to the code. 9.1 is No, please explain:		ns identified in th	e code; and					
9.2 9.2 9.3	Has the code of e  If the response to Have any provision	thics for senior managers been at 9.2 is Yes, provide information re ons of the code of ethics been wair 9.3 is Yes, provide the nature of a	lated to amendment(s). ved for any of the specified o	fficers?				Yes[] No[X] Yes[] No[X]		
10.: 10.:	FINANCIAL  10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  \$									
	use by another pe	tocks, bonds, or other assets of the erson? (Exclude securities under sed complete information relating the	ne reporting entity loaned, pla securities lending agreements	STMENT ced under options.)	n agreement, or o	otherwise made	available for	Yes[ ] No[X]		
		tate and mortgages held in other		BA:				\$0		
13.	Amount of real es	tate and mortgages held in short-	term investments:					\$0		

### **GENERAL INTERROGATORIES (Continued)**

#### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

		above				
15.′ 15.⁄	Has the reporting entity of If yes, has a comprehensing if no, attach a description	sive description of the hed	ransactions reported on Schedule DB? Iging program been made available to the do	miciliary state?		Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
16.	16.1 Total fair value of re 16.2 Total book/adjusted	einvested collateral assets	state the amount of the following as of the co reported on Schedule DL, Parts 1 and 2 ted collateral assets reported on Schedule D on the liability page			\$ \$ \$
17.	Excluding items in Sched	lule E - Part 3 - Special D	eposits, real estate, mortgage loans and inve	stments held physically in	n the reporting entity's	3

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?

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

1	2
Name of Custodian(s)	Custodian Address
CARDINAL BANK	8270 GREENSBORO DR. STE 500, MCLEAN, VA

17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? 17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

Yes[X] No[]

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

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

1	2	3
Central Registration		
Depository	Name(s)	Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

### **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

- Operating Percentages:
   1.1 A&H loss percent
   1.2 A&H cost containment percent
   1.3 A&H expense percent excluding cost containment expenses
- 2.1 Do you act as a custodian for health savings accounts?
  2.2 If yes, please provide the amount of custodial funds held as of the reporting date.
  2.3 Do you act as an administrator for health savings accounts?
  2.4 If yes, please provide the balance of the funds administered as of the reporting date.

	0.000% 0.000% 0.000%
\$ \$	Yes[] No[X] 0 Yes[] No[X]

STATEMENT AS OF June 30, 2014 OF THE DC CHARTERED HEALTH PLAN, INC.

### **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

onothing fur not it contains a route of the contains of the co													
1	2	3	4	5	6	7	8	9					
NAIC					Type of		Certified	Effective Date					
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified					
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating					
			NO	NF									
				IN C									

### **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

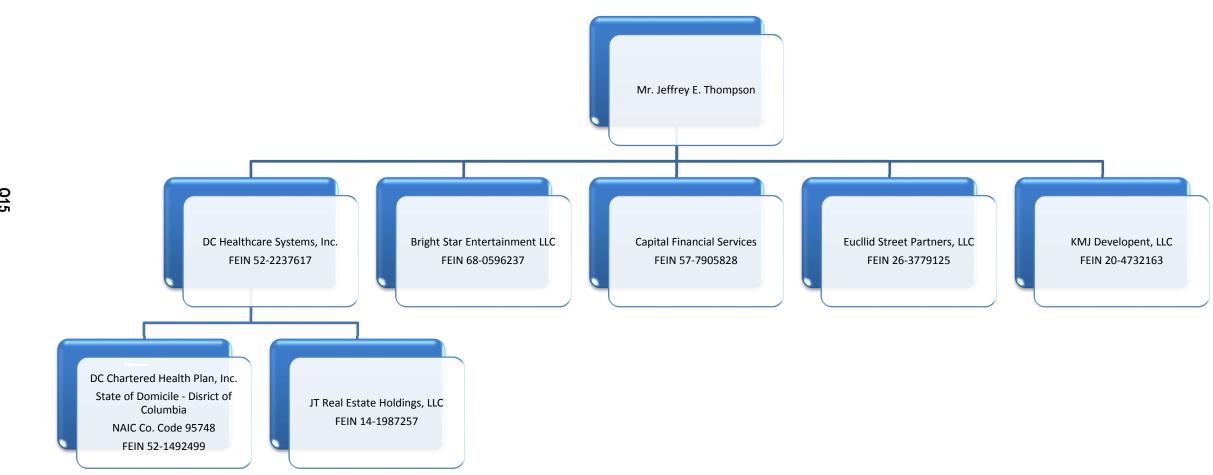
**Current Year to Date - Allocated by States and Territories** 

		Current	Tear to	Date - All	ocated by	States and				-
		_				Direct Bus		7		
		1	2	3	4	5	6	7	8	9
			Assistant 1			Federal	Life and Annuity	Decree 4 /	Tatal	
		A . (* .	Accident and	NA . P	Maratharia	Employees Health	Premiums	Property/	Total	D
	Cinic Fi-	Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
1.	State, Etc. Alabama (AL)	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)	N N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)									
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	L								
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)	N								
16.	lowa (IA) Kansas (KS)	N								
17. 18.	Kansas (KS) Kentucky (KY)	N								
19.	Louisiana (LA)	NI NI								
20.	Maine (ME)	N								
21.	Maryland (MD)	N N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
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)	1								
37.	Oklahoma (OK)									
38. 39.	Oregon (OR)									
40.	Rhode Island (RI)	1								
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)	1								
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)									
48.	Washington (WA)	N								
49.	West Virginia (WV)									
50.	Wisconsin (WI)	1								
51.	Wyoming (WY)	1								
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57. 58.	Canada (CAN)									
58. 59.	Aggregate other allen (O1)	X X X .								
60.	Reporting entity contributions for	^ ^ ^ .								
00.	Employee Benefit Plans	X X X .								
61.	Total (Direct Business)									
	LS OF WRITE-INS	1 (~)	1	1	1	1	1	1	1	
5801.		X X X .								
5802.		X X X .								
5803.		X X X .								
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .					<u></u>			
5899.	TOTALS (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	X X X .								

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

### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

**MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART** 



# 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
						Name of				Directly	Type of Control			
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group		any	ID	FEDERAL		Traded (U.S.	Or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
0		0					JEFFREY EARL						JEFFREY EARL	
0		0					THOMPSON	DC.	LIID	JEFFREY EARL THOMPSON .	Ourparchin	100.0	THOMPSON	
		95748	52-1492499				DC CHARTERED HEALTH	J. DC.	UIF	JEFFRET EARL THOMPSON.	Ownership	100.0	JEFFREY EARL	
		301 40	02 1402400				PLAN INC	. DC .	RE	DC HEALTHCARE SYSTEMS	Ownership	100.0	THOMPSON	
0		0	14-1987257				JT Real Estate Holdings, LLC	. DC .	NIA	DC HEALTHCARE SYSTEMS	Ownership Ownership	100.0	JEFFREY EARL	
							50.15.1.5.10.55						THOMPSON	
0		0	52-2237617				DC HEALTHCARE	DC.	LIDD	JEFFREY EARL THOMPSON .	Ournership	100.0	JEFFREY EARL THOMPSON	
		n	52-1563500				SYSTEMSTHOMPSON, COBB,	J. DC.	UDP .	JEFFRET EARL INDIVIPSON.	Ownership	100.0	JEFFREY EARL	
•		•	32-1303300				BAZILIO & ASSOCIATES, PC	DC.	NIA	JEFFREY EARL THOMPSON .	Ownership	100.0	THOMPSON	
0		0	68-0596237				Bright Star Entertainment LLC			JEFFREY EARL THOMPSON .	Ownership	100.0	JEFFREY EARL	
													THOMPSON	
0		0	57-7905828				Capital Financial Services	. DC .	NIA	JEFFREY EARL THOMPSON .	Ownership	100.0	JEFFREY EARL	
		n	26-3779125				EUCLID STREET						THOMPSON	
•			20-0113123				PARTNERS, LLC	. DC .	NIA	JEFFREY EARL THOMPSON	Ownership	100.0		
0		0	20-4732163				KMJ Development, LLC	. DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL	
$\sim$													THOMPSON	

·	
Asterisk	Explanation
0000001	Footnote

STATEMENT AS OF June 30, 2014 OF THE DC CHARTERED HEALTH PLAN, INC.

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

95748201436500002 2014 Document Code: 365

### **OVERFLOW PAGE FOR WRITE-INS**

### **STATEMENT OF REVENUE AND EXPENSES**

					Prior Year
				Prior Year	Ended
		Current Ye	ar To Date	To Date	December 31
		1	2	3	4
		Uncovered	Total	Total	Total
2904.	Proceeds from Asset Purchase				(12,175,288)
2905.	Write-off of Pledged Assets			(12,200,288)	642,690
2906.	Write-off of Rent Deposits			(132.837)	
2907.	Write-off of Capital Lease Obligations			131,292	
2908.	Write-off of Deferred Rent Liability			118,285	
2909.	Proceeds from Asset Purchase				
2910.	Write-off of Pledged Assets			(12,065,603)	
2911.	Write-off of Rent Deposits			(132,837)	
2997.	Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			(14,281,988)	(11,532,598)

SI01 Schedule A Verification
SI01 Schedule B Verification
SI01 Schedule BA Verification
SI01 Schedule D Verification
SI02 Schedule D Part 1BNONE
SI03 Schedule DA Part 1 NONE
SI03 Schedule DA Verification
SI04 Schedule DB - Part A Verification
SI04 Schedule DB - Part B VerificationNONE
SI05 Schedule DB Part C Section 1
SI06 Schedule DB Part C Section 2
SI07 Schedule DB - Verification NONE

#### **SCHEDULE E - Verification**

(Cash Equivalents)

	1 1		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	6,142,654	10,225,639
2.	Cost of cash equivalents acquired	953,890,552	2,157,015,255
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	951,843,821	2,161,098,240
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	8,189,385	6,142,654
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	8,189,385	6,142,654

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3
E03 Schedule BA Part 2
E03 Schedule BA Part 3 NONE
E04 Schedule D Part 3NONE
E05 Schedule D Part 4NONE
E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF June 30, 2014 OF THE DC CHARTERED HEALTH PLAN, INC.

### **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

0199998 Deposits in	Month End Depository Balances								
of Interest Received During Rate of Current Date Month	1	2	3	4	5	Book Balance at End of Each Month			9
Rate of Current Statement Depository  Code Interest Quarter Date Month Month Month  Open depositories  CARDINAL BANK - GENERAL CHECKING WASHINGTON DC SARDINAL BANK - MEDCLMS WASHINGTON				Amount	Amount of	During Current Quarter			
Rate of Current Statement First Second Third Month  open depositories  CARDINAL BANK - GENERAL CHECKING WASHINGTON DC SARDINAL BANK - MEDCLMS WASH				of Interest	Interest	6	7	8	
Rate of Current Date Month Month Month Depositories  CARDINAL BANK - GENERAL CHECKING WASHINGTON DC SARDINAL BANK - MEDCLMS WASHINGTON DC SARDINAL				Received	Accrued				
Depository  Code Interest Quarter Date Month Month Month  open depositories  CARDINAL BANK -  GENERAL CHECKING WASHINGTON DC 320,771 297,374 186,465 X  CARDINAL BANK - MEDCLMS WASHINGTON DC 5,831 121,054 124,942 X  0199998 Deposits in				During	at Current				
open depositories  CARDINAL BANK -  GENERAL CHECKING WASHINGTON DC 320,771 297,374 186,465 X  CARDINAL BANK - MEDCLMS WASHINGTON DC 5,831 121,054 124,942 X  0199998 Deposits in			Rate of	Current	Statement	First	Second	Third	
CARDINAL BANK - GENERAL CHECKING WASHINGTON DC 320,771 297,374 186,465 X CARDINAL BANK - MEDCLMS WASHINGTON DC 5,831 121,054 124,942 X 0199998 Deposits in	Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
GENERAL CHECKING WASHINGTON DC 320,771 297,374 186,465 X CARDINAL BANK - MEDCLMS WASHINGTON DC 5,831 121,054 124,942 X 0199998 Deposits in	open depositories								
CARDINAL BANK - MEDCLMS WASHINGTON DC 5,831 121,054 124,942 X  0199998 Deposits in	CARDINAL BANK -								
0199998 Deposits in						320,771	297,374	186,465	XXX
allowable limit in any one depository (see Instructions) - open depositories	CARDINAL BANK - MEDCLMS WASHINGTON DC					5,831	121,054	124,942	XXX
0199999 Totals - Open Depositories XXX XXX 326,602 418,428 311,407 X 0299998 Deposits in	· ·								
0299998 Deposits in	allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X						XXX
allowable limit in any one depository (see Instructions) - suspended depositories XXX XX XX XXX XXX	0199999 Totals - Open Depositories	XXX	X X X			326,602	418,428	311,407	XXX
depositories XXX XXX XXX	0299998 Deposits in0 depositories that do not exceed the								
	allowable limit in any one depository (see Instructions) - suspended								
0200000 Totala Sugnanded Dengaitorias VVVV VVV			X X X						XXX
0299999 Totals - Suspended Depositories	0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit XXX XXX	0399999 Total Cash On Deposit	XXX	X X X			326,602	418,428	311,407	XXX
	0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX
		XXX	X X X			326,602	418,428	311,407	XXX

### **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

#### Show Investments Owned End of Current Quarter

One in the content of the content addition									
1	2	3	4	5	6	7	8		
		Amount of							
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received		
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year		
8399999 Subtotals - Bonds									
Sweep Accounts									
CASH-CARDINAL BANK MEDICAID REPO		06/30/2014	0.002	07/01/2014	8,189,385		5,651		
8499999 Sweep Accounts	8,189,385		5,651						
8599999 Other Cash Equivalents									
8699999 Total - Cash Equivalents	8,189,385		5,651						

## INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9 Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses) Realized; Q4

Unrealized; Q4; Q5 Capital Stock; Q3; Q10, Note 13

Capital Stock; Q3; Q10, Note 13 Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04 Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9 Collars; QE06; QSI04 Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4 Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4 Electronic Data Processing Equipment; Q2 Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4 Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21 Fair Value; Q7, Note 20 Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16 Hospital/Medical Benefits; Q4 Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26 Investment Income; Q10, Note 7 Accrued; Q2

Earned; Q2; QSI03 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6 Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6 Long-Term Invested Assets; Q2; QE03 Managing General Agents; Q10, Note 19 Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02 Nonadmitted Assets; Q2; Q5; QSI01; QSI03 Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4 Outside Referrals; Q4

Parent, Subisidaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

## INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

Advance; Q3

Collected: Q6

Deferred; Q2

Direct; Q7; Q13

Earned; Q7

Retrospective; Q2

Uncollected; Q2

Unearned; Q4

Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

Ceded; Q3; Q12

Funds Held; Q2

Payable; Q3

Premiums; Q3

Receivable; Q2; Q4

Unauthorized; Q3; Q5

#### Reserves

Accident and Health; Q3; Q4

Claim; Q3; Q5; Q8

Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17 Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8

## EXHIBIT 2

#### TWELFTH SUBMISSION FOR IN CAMERA REVIEW

	PERIOD				DEDUCTIONS/	
INVOICE #	ENDING	NAME	FEES	EXPENSES	ADJUSTMENT	TOTAL
		Through June 30, 2014				
11935	5/31/2014	Daniel L. Watkins	\$11,262.50	\$122.08		\$11,384.58
11942		Daniel L. Watkins	\$18,525.00	\$354.73		\$18,879.73
38001572	5/31/2014	Faegre Baker Daniels	\$41,193.00	\$92.28		\$41,285.28
38001618	6/30/2014	Faegre Baker Daniels	\$19,660.00			\$19,660.00
838921	4/30/2014	Epstein Becker Green	\$807.50	\$0.40		\$807.90
842100	5/31/2014	Epstein Becker Green	\$565.00	\$8.70		\$573.70
842101	5/31/2014	Epstein Becker Green	\$86.00			\$86.00
844465	6/30/2014	Epstein Becker Green	\$322.50	\$0.90		\$323.40
844466	6/30/2014	Epstein Becker Green	\$86.00			\$86.00
48-50	5/31/2014	Francis Smith	\$1,750.00			\$1,750.00
246	1/31/2014	Martin & Gitner	\$1,400.00			\$1,400.00
320	4/30/2014	Martin & Gitner	\$237.50			\$237.50
354	5/31/2014	Martin & Gitner	\$1,662.50			\$1,662.50
370	6/30/2014	Martin & Gitner	\$650.00			\$650.00
413634	11/30/2013	Navigant	\$1,070.00	\$13,282.60	(\$5,435.40)	\$8,917.20
416110	12/31/2013	Navigant	\$2,165.00	\$14,866.08	(\$5,439.60)	\$11,591.48
418730	1/31/2014	Navigant	\$345.00	\$12,892.40	(\$5,439.60)	\$7,797.80
421312	2/28/2014	Navigant	\$0.00	\$12,914.91	(\$5,439.60)	\$7,475.31
423715	3/31/2014	Navigant	\$0.00	\$12,892.40	(\$5,439.60)	\$7,452.80
426191	4/30/2014	Navigant		\$3,626.40		\$3,626.40
429569	5/31/2014	Navigant		\$3,626.40		\$3,626.40
2571563	5/31/2014	Reed Smith	\$1,000.00			\$1,000.00
14124	5/31/2014	Scribner Hall	\$1,250.00			\$1,250.00
14160	6/30/2014	Scribner Hall	\$3,993.75			\$3,993.75
1574977	5/31/2014	Troutman Sanders	\$5,060.00	\$53.50		\$5,113.50
1589458	6/30/2014	Troutman Sanders	\$844.00			\$844.00
63014	10/1/2013 -	The Warren Practice	\$107,732.75			\$107,732.75
	6/30/2014				_	¢260 207 00

\$269,207.98