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QUARTERLY STATEMENT

AS OF MARCH 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

Select Care Of Maine, Inc.

NAIC Group Code 0953 (Current Period), 0953 (Prior Period) NAIC Company Code 13627 Employer's ID Number 20-4156007

Organized under the Laws of Maine, State of Domicile or Port of Entry Maine

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X]
Other [ ] Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 11/30/2005 Commenced Business 04/02/2009

Statutory Home Office 4888 Loop Central Drive, Suite 700 (Street and Number), Houston, TX, US 77081 (City or Town, State, Country and Zip Code)

Main Administrative Office 4888 Loop Central Drive, Suite 700 (Street and Number) Houston, TX, US 77081 (City or Town, State, Country and Zip Code) 713-965-9444 (Area Code) (Telephone Number)

Mail Address 4888 Loop Central Drive, Suite 700 (Street and Number or P.O. Box), Houston, TX, US 77081 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4888 Loop Central Drive, Suite 700 (Street and Number) Houston, TX, US 77081 (City or Town, State, Country and Zip Code) 713-770-1111 (Area Code) (Telephone Number)

Internet Web Site Address www.universalamerican.com

Statutory Statement Contact Travis R. Christie (Name) 713-770-1111 (Area Code) (Telephone Number) (Extension)

tchristie@universalamerican.com (E-Mail Address) 713-770-1241 (FAX Number)

OFFICERS

Name	Title	Name	Title
Theodore Marvin Carpenter Jr.	Executive Vice-President	Erin Grace Page	President, CEO
Travis Robert Christie	Senior Vice-President, CFO, Secretary, Treasurer		

OTHER OFFICERS

Carl Lloyd Cochrane	Vice President, Tax	Chung-Shing Sya	Vice President, Appointed Actuary
James Patrick McAleer	Vice-President. Finance	David Robert Monroe	Sr. Vice-President, Finance
Steve Lamar Carlton	Asst Secretary	Paul David Jernigan	Asst Secretary

DIRECTORS OR TRUSTEES

Theodore Marvin Carpenter Jr.	Travis Robert Christie	Anthony Wolk	Erin Grace Page

State of Texas
County of Harris ss

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.

Erin Grace Page President, CEO	Travis Robert Christie Senior Vice-President, CFO, Secretary, Treasurer	

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No [ ]

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	109,331		109,331	109,232
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 0), cash equivalents ($ 0) and short-term investments ($ 1,411,658)	1,411,658		1,411,658	1,412,534
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,520,989	0	1,520,989	1,521,766
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	231		231	4
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ .....)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ .....)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ .....) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,521,220	0	1,521,220	1,521,770
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,521,220	0	1,521,220	1,521,770
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	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.			0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued		40	40	0
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))		15	15	259
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates		471	471	1,080
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	0	526	526	1,339
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	1,519,000	1,519,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	694	431
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,520,694	1,520,431
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,521,220	1,521,770
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	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	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
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		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX		0	0
2. Net premium income (including $ non-health premium income)	XXX		0	0
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	0	0	0
Hospital and Medical:				
9. Hospital/medical benefits			0	0
10. Other professional services			0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs			0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	0	0	0
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	0	0	0
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ cost containment expenses			0	0
21. General administrative expenses	235	235	233	135
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			0	0
23. Total underwriting deductions (Lines 18 through 22)	235	235	233	135
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(235)	(233)	(135)
25. Net investment income earned	513	513	242	530
26. Net realized capital gains (losses) less capital gains tax of $			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	513	513	242	530
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	278	9	395
31. Federal and foreign income taxes incurred	XXX	15	0	259
32. Net income (loss) (Lines 30 minus 31)	XXX	263	9	136
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.			0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	1,520,431	1,520,295	1,520,295
34.	Net income or (loss) from Line 32	263	9	136
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets		0	0
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	263	9	136
49.	Capital and surplus end of reporting period (Line 33 plus 48)	1,520,694	1,520,304	1,520,431
	DETAILS OF WRITE-INS			
4701.			0	0
4702.			0	0
4703.			0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	0	0
2. Net investment income	286	(380)	443
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	286	(380)	443
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	195	233	135
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	259	523	22
10. Total (Lines 5 through 9)	454	755	157
11. Net cash from operations (Line 4 minus Line 10)	(168)	(1,135)	286
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	1,000,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	1,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	99	147	109,209
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	99	147	109,209
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(99)	(147)	890,791
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(609)	755	(4,050)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(609)	755	(4,050)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(876)	(527)	887,027
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,412,534	525,507	525,507
19.2 End of period (Line 18 plus Line 19.1)	1,411,658	524,979	1,412,534

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

This statement has been completed in accordance with NAIC Accounting Practices and Procedures Manual except to the extent that state law differs. The Company has no current practices that differ between state law and NAIC practices and procedures.

B. Use of Estimates in the Preparation of the Financial Statements

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

C. Accounting Policy

Revenue Recognition - Premiums are recorded as revenue in the month for which members are entitled to service. Premiums collected in advance are deferred.

In addition, the Company uses the following accounting policies:

(1) Short-term investments are stated at amortized cost.
(2) Bonds not backed by other loans are stated at amortized cost.
(3) The Company has no investment in common stock.
(4) The Company has no investment in preferred stock.
(5) The Company has no mortgage loans.
(6) Loan-backed securities are recorded as stated in Note 5D.
(7) The Company has no investment in subsidiaries, controlled or affiliated companies.
(8) The Company has no investment in joint ventures, partnerships and limited liability companies.
(9) The Company has no investment in derivatives.
(10) The Company does not use investment income as a factor in calculating premium deficiency reserve.
(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess or less than the amount 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.
(12) The Company has not modified its capitalization policy from the prior period.
(13) Pharmaceutical rebate receivables represent amounts billed by PBM on behalf of plan but not yet paid to the plan.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans.

No significant change.

B. Debt Restructuring

No significant change.

C. Reverse Mortgages

NOTES TO FINANCIAL STATEMENTS

No significant change.

D. Loan-Backed Securities

(1) Description of sources used to determine prepayment assumptions.

Prepayment assumptions come from Broker-dealer survey

2. All securities within the scope of this statement with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment:

	(1) Amortized Cost Basis Before OTTI	(2) Other-than-Temporary Impairment Recognized in Loss		(3) Fair Value 1- (2a+2b)
		(2a) Interest	(2b) Non-Interest	
OTTI recognized 1st Quarter:				
a. Intent to Sell	$ -	$ -		-
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	$ -	$ -		-
c. Total 1st Quarter	**$ -**	**$ -**		**-**
OTTI recognized 2nd Quarter:				
d. Intent to Sell	$ -	$ -		-
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	$ -	$ -		-
f. Total 2nd Quarter	**$ -**	**$ -**		**-**
OTTI recognized 3rd Quarter:				
g. Intent to Sell	$ -	$ -		-
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	$ -	$ -		-
i. Total 3rd Quarter	$ -	$ -		-
OTTI recognized 4th Quarter:				
j. Intent to Sell	$ -	$ -		-
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	$ -	$ -	$ -	-
l. Total 4th Quarter	**$ -**	**$ -**	**$ -**	-
m. Annual Aggregate Total		$ -	$ -	

3. For each security, by CUSIP, with a recognized other-than-temporary impairment, currently held by the Company, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities:

4.

All impaired securities (fair value is less than cost or amortized cost) for which an other-than-tempory impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

NOTES TO FINANCIAL STATEMENTS

1. Less than 12 Months	$ -
2. 12 Months or Longer	$ -
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	$ -
2. 12 Months or Longer	$ -

5. There are a number of factors that are considered in determining if there is not an other-than-temporary impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.

E. Repurchase Agreements

No significant change.

F. Real Estate

No significant change.

G. Investments in low-income housing tax credits ("LIHTC")

No significant change.

H.

Restricted Asset Category	Gross Restricted Current Year 1	2	3	4	5	6	7	8	Percentage 9	10
05H-1	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ Decrease (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Restricted Assets (Including Pledged)										
a. Subject to contractual obligation for which liability is not shown					-		-			
b. Collateral held under security lending agreements					-		-			
c. Subject to repurchase agreements					-		-			
d. Subject to reverse repurchse agreements					-		-			
e. Subject to dollar repurchase agreements					-		-			
f. Subject to dollar reverse repurchase agreements					-		-			
g. Placed under option contracts					-		-			
h. Letter stock or securities restricted as to sale					-		-			
i. On deposit with states	110,000				110,000	109,232	768	110,000		
j. On deposit with other regulatory bodies					-		-			
k. Pledged as collateral to FHM (including assets backing funding agreements)										
l. Pledged as collateral not captured in other categories	-				-	-	-	-		
m. Other restricted assets	-				-		-			
n. Total Restricted Assets		-	-	-						

NOTES TO FINANCIAL STATEMENTS

110,000 110,000 109,232 768 110,000

Detail of Assets Pledged as Collateral	Gross Restricted Current Year							8	Percentage	
						6	7		9	10
	1	2	3	4	5					
05H-2	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ Decrease (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Description of Assets										
Bonds	110,000	-	-	-	110,000	109,232	768	110,000		

Detail of Other Restricted Assets	Gross Restricted Current Year								Percentage	
						6	7	8	9	10
	1	2	3	4	5					
05H-3	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ Decrease (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted Total Admitted Assets
Restricted Assets (Including Pledged)	**NONE**									

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

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

A, B, C. In 2016, the Company did not have any material transfers of assets to affiliates.

D. The company had $0 due from affiliates and $471 payable to affiliates as of Mar 31, 2016. Payment terms require the settlement of these funds generally within 30 days.

NOTES TO FINANCIAL STATEMENTS

E. The Company does not have guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

F. Not applicable.

G. All outstanding shares of the Company are owned by its direct parent, Heritage Health Systems, Inc., a subsidiary of Universal American Corp. The Company is a member of a holding company system.

H. The Company does not own any shares of stock, either directly or indirectly, of its direct or ultimate parent companies.

I, J. The Company does not have any investment in subsidiaries, controlled or affiliated entities, nor did it recognize any impairment write-downs thereof.

K. Not applicable.

L. Not applicable.

Note 11 - Debt

No significant change.

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

No significant change.

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

1. The Company's capital is common stock, 1,000 shares authorized, issued and outstanding, $1.00 per share par value.
2. The Company has no Preferred Stock.
3. Without prior approval of its domiciliary commissioner, dividends to shareholders are not allowed by the laws of the Company's state of domicile based on restrictions relating to statutory surplus.
4. No dividend has been paid in 2016 or 2015.
5. Other than noted in 3 above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
6. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
7. Not applicable.
8. The Company is not holding any of its own stock or stock of affiliated companies for special purposes.
9. The Company has recorded no Special Surplus Funds in 2015 and 2016.
10. The portion of unassigned funds (surplus) that is represented by non-admitted assets was $0 at both Mar. 31, 2016 and December 31, 2015.
11. The Company has no surplus notes outstanding.
12. Not applicable.
13. Not applicable.

Note 14 - Liabilities, Contingencies & Assessments

No significant change.

Note 15 - Leases

No significant change.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

The Company has no wash sales

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

No significant change.

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

No significant change.

Note 20 - Fair Value Measurements

20.A.1

(1)	(2)	(3)	(4)	(5)
Description	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc (Pref Stk)	0.00	0.00	0.00	0.00
Parent, Subsidiaries and Affiliates	0.00	0.00	0.00	0.00
Total Pepetual Preferred Stocks	0.00	0.00	0.00	0.00
Bonds				
U.S. Government	0.00	109,817.40	0.00	109,817.40
Industrial & Misc	0.00	0.00	0.00	0.00
Hybrid Securities	0.00	0.00	0.00	0.00
Parent, Subsidiaries and Affiliates	0.00	0.00	0.00	0.00
Total Bonds	0.00	109,817.40	0.00	109,817.40
Common Stock				
Industrial and Misc	0.00	0.00	0.00	0.00
Parent, Subsidiaries and Affiliates	0.00	0.00	0.00	0.00
Total Common Stocks	0.00	0.00	0.00	0.00
Derivative assets				
Interest rate contracts	0.00	0.00	0.00	0.00
Foreign exchange contracts	0.00	0.00	0.00	0.00
Credit contracts	0.00	0.00	0.00	0.00
Commodity futures contracts	0.00	0.00	0.00	0.00
Commodity forward contracts	0.00	0.00	0.00	0.00
Total Derivatives	0.00	0.00	0.00	0.00
Separate account assets	0.00	0.00	0.00	0.00
Total assets at fair value	**0.00**	**109,817.40**	**0.00**	**109,817.40**

NOTES TO FINANCIAL STATEMENTS

20.A.2

	(1) Balance at 01/01/2015	(2) Transfer in Level 3	(3) Transfer out of Level 3	(4) Total gains and (losses) include din the Net Income	(5) Total gains and (losses) included in Surplus	(6) Purchase s	(6) Issuances	(6) Sales	(6) Settlements	(7) Balance at 3/31/2016
RMBS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CMBS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Derivatives Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Derivatives Liabilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

20.A.3

No level 2 transfers to or from taken place in 2016.

20.A.4

For level 2 securities, the company uses a 3rd party pricing service.

20.B

None.

20.C

Type of Financial Instrument	Aggregate Fair Value	Carry Value: Admitted Assets	Carry Value: (Level 1)	Carry Value: (Level 2)	Carry Value: (Level 3)	Not Practicable (Carrying Value)
Bonds	109,817.40	109,331.46	0.00	109,331.46	0.00	$ -
Perpetual Preferred Stock	0.00	0.00	0.00	0.00	0.00	-
Other Invested Assets	0.00	0.00	0.00	0.00	0.00	

20.D - Securities for which FV couldn't be determined

None.

Note 21 - Other Items

A. Unusual or Infrequent Items - Not applicable.

B. Troubled Debt Restructuring – Not applicable

C. Other Disclosures – Not applicable.

D. Business Interruption Insurance Recoveries – Not applicable.

E. State Transferable and Non-transferable Tax Credit - Not applicable.

F. Subprime Mortgage Related Risk Exposure – Not applicable.

G. Retained Assets – Not applicable.

H. Offsetting and Netting of Assets and Liabilities – Not applicable.

Note 22 - Events Subsequent

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/9999

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. 12/31/9999

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 date). 12/31/9999

6.4 By what department or departments?

Maine Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] NA [X]

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? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1 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.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $

13. Amount of real estate and mortgages held in short-term investments: $

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$	$
14.22 Preferred Stock	$	$
14.23 Common Stock	$	$
14.24 Short-Term Investments	$	$
14.25 Mortgage Loans on Real Estate	$	$
14.26 All Other	$	$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.3 Total payable for securities lending reported on the liability page $.....0

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

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

1 Name of Custodian(s)	2 Custodian Address
US BANK	PHILADELPHIA, PA

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 Name(s)	2 Location(s)	3 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? ..... Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
107738	Goldman Sachs Asset Management, LP	200 West Street, NY 10282

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

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	0.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	0.0 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
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?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

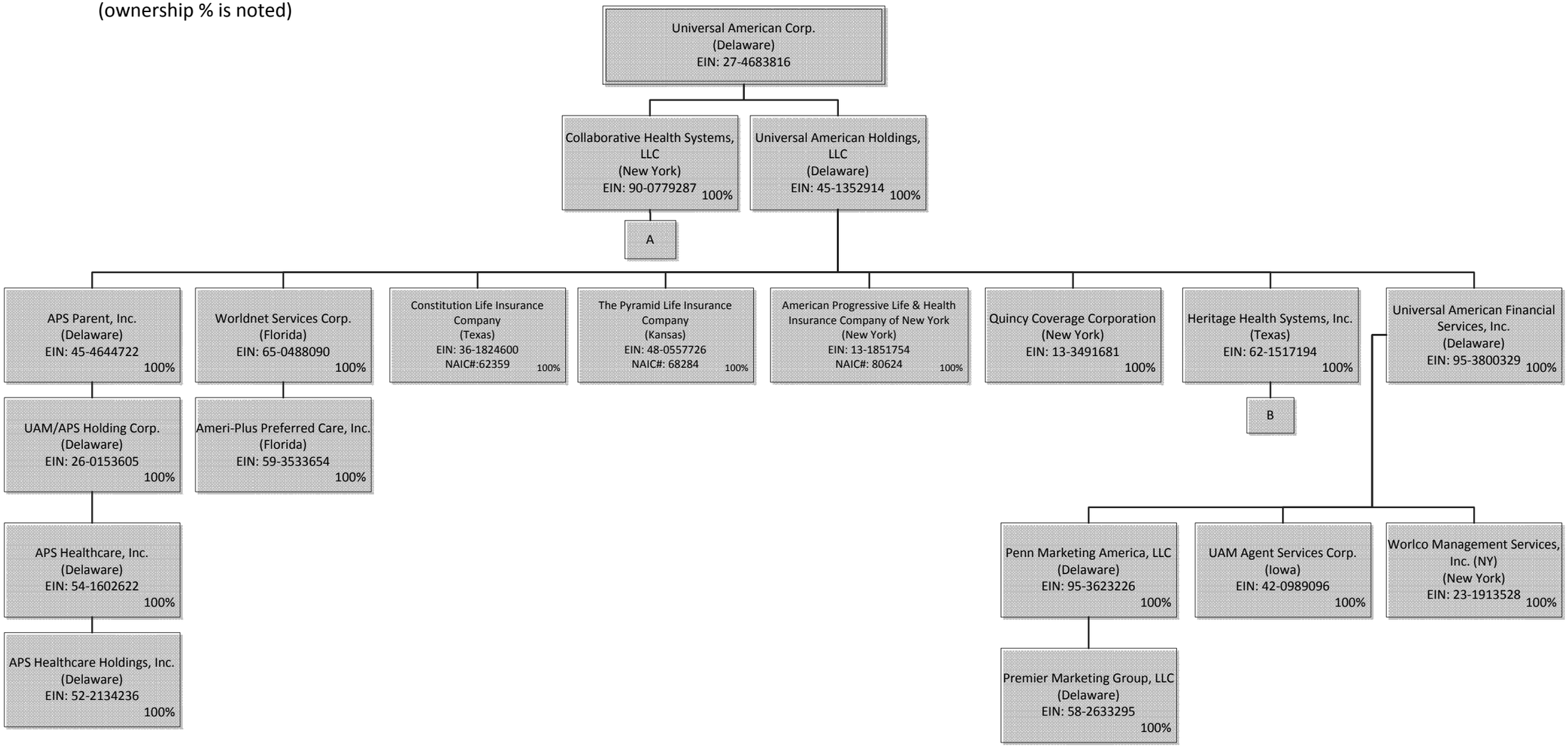
Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
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. Dist. 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	L		0					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	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

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

Organization Chart
As of March 31, 2016
(ownership % is noted)



A

Ownership is 100% except as noted

- Collaborative Health Systems, LLC (New York) EIN: 90-0779287 100%
  - Maine Primary Care Holdings, LLC (Maine) EIN: 45-4679969 97%
    - Maine Community Accountable Care Organization, LLC (Maine) EIN: 45-4552092 51%
    - Maryland Collaborative Care, LLC (Maryland) EIN: 90-0855950 51%
    - Accountable Care Coalition of Southeast Wisconsin, LLC (Wisconsin) EIN: 45-4113610 51%
    - Accountable Care Coalition of North Central Florida, LLC (Florida) EIN: 45-5431801 51%
    - Accountable Care Coalition of Greater Athens Georgia, LLC (Georgia) EIN: 45-4113685 51%
    - Accountable Care Coalition of Central Florida, LLC (Florida) EIN: 47-3665787 100%
  - Accountable Care Coalition of DeKalb, LLC (Georgia) EIN: 45-4537668 80%
    - Essential Care Partners, LLC (Texas) EIN: 45-4561546 51%
    - Accountable Care Coalition of Greater Augusta & Statesboro, LLC (Georgia) EIN: 45-5571360 51%
    - Accountable Care Coalition of Greater Athens Georgia II, LLC (Georgia) EIN: 45-5461336 51%
    - Accountable Care Coalition of South Georgia, LLC (Georgia) EIN: 45-5416424 51%
    - Accountable Care Coalition of Georgia, LLC (Georgia) EIN: 45-5481108 51%
    - Accountable Care Coalition of Southeast Texas, Inc. (Texas) EIN: 47-3843552 100%
  - Accountable Care Coalition of Texas, Inc. (Texas) EIN: 45-2742298 100%
    - Accountable Care Coalition of Northwest Florida, LLC (Florida) EIN: 45-4106526 51%
    - Accountable Care Coalition of Mount Kisco, LLC (New York) EIN: 45-4105836 51%
    - Accountable Care Coalition of Maryland, LLC (Maryland) EIN: 45-4119739 51%
    - Accountable Care Coalition of Syracuse, LLC (New York) EIN: 45-4546234 51%
    - Accountable Care Coalition of Caldwell County, LLC (North Carolina) EIN: 45-4112652 51%
    - Accountable Care Coalition of Northeast Georgia, LLC (Georgia) EIN: 47-3894436 100%
  - Accountable Care Coalition of El Paso, LLC (Texas) EIN: 47-3873894 100%
    - Accountable Care Coalition of Maryland Primary Care, LLC (Maryland) EIN: 45-5449147 51%
    - Accountable Care Coalition of Western Georgia, LLC (Georgia) EIN: 45-4537584 51%
    - Accountable Care Coalition of the Green Mountains, LLC (Vermont) EIN: 45-4136033 51%
    - Accountable Care Coalition of Mississippi, LLC (Mississippi) EIN: 46-2881180 51%
    - Accountable Care Coalition of Greater Houston, LLC (Texas) EIN: 45-4553113 51%
    - Accountable Care Coalition of Northwest Georgia, LLC (Georgia) EIN: 47-4069668 100%
  - AWC of Syracuse, Inc. (New York) EIN: 47-2346408 100%
    - Accountable Care Coalition of Coastal Georgia, LLC (Georgia) EIN: 45-4113655 51%
    - Virginia Collaborative Care, LLC (Virginia) EIN: 45-5439406 51%
    - Accountable Care Coalition of North Texas, LLC (Texas) EIN: 45-4552802 51%
    - Accountable Care Coalition of Central Georgia, LLC (Georgia) EIN: 45-5510251 51%
    - Chrysalis Medical Services, LLC (New Jersey) EIN: 30-0803845 51%
    - Accountable Care Coalition of South Carolina, LLC (South Carolina) EIN: 47-3913308 100%
  - Accountable Care Coalition of the Wekiva Region, LLC (Florida) EIN: 47-3679650 100%
    - Collaborative Health Systems of Georgia, Inc. (Georgia) EIN: 47-4351864 100%
    - Accountable Care Coalition of the Tri-Counties, LLC (South Carolina) EIN: 45-4113780 51%
    - Northern Maryland Collaborative Care, LLC (Maryland) EIN: 45-5626871 51%
    - Hudson Accountable Care, LLC (New York) EIN: 47-3923394 100%
    - Accountable Care Coalition of Jacksonville, LLC (Florida) EIN: 47-3689876 100%
    - Accountable Care Coalition of Cherry Hill, LLC (New Jersey) EIN: 47-3707408 100%

B

- Heritage Health Systems, Inc. (Texas) EIN: 62-1517194 100%
  - SelectCare of Texas, Inc. (Texas) EIN: 62-1819658 NAIC# 10096 100%
  - Today's Options of Georgia, Inc. (Georgia) EIN: 01-0949629 100%
  - SelectCare of Maine, Inc. (Maine) EIN: 20-4156007 NAIC#: 13627 100%
  - Heritage Physician Networks (Texas) EIN: 76-0560730 100%
  - HHS Texas Management, Inc. (Georgia) EIN: 76-0500964 100%
    - 99% / 1%
    - HHS Texas Management, LP. (Georgia) EIN: 76-0500963 99/1%
  - Today's Options of New York, Inc. (New York) EIN: 27-1603200 NAIC#: 15799 100%
  - SelectCare Health Plans, Inc. (Texas) EIN: 74-3141949 NAIC#: 10768 100%
  - Today's Options of Texas, Inc. (Texas) EIN: 45-2042253 NAIC#; 15483 100%
  - Texas Physicians Collaborative, Inc. (Texas) EIN: 47-5370063 100%
  - TexanPlus Health Centers, LLC (Texas) EIN: 20-8289630 100%
  - Heritage Health Systems of Texas, Inc. (Texas) EIN: 76-0459857 100%
    - Golden Triangle Physician Alliance (Texas) EIN: 62-1694548 100%

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
00953	Universal American Corp.	00000	27-4683816			NYSE	Universal American Corp.	DE	UIP		Board of Directors		Board of Directors	0
00953	Universal American Corp.	00000	01-0949629				Today's Options of Georgia, Inc.	GA	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	13627	20-4156007				SelectCare of Maine, Inc.	ME	IA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	20-8289630				TexanPlus Health Centers, LLC	TX	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	23-1913528				Worlco Management Services, Inc.	NY	NIA	Worlco Mangement Services	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	26-0153605				UAM/APS Holding Corp.	DE	NIA	APS Parent, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	27-1603200				Today's Options of New York, Inc.	NY	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	62359	36-1824600				Constitution Life Insurance Company	TX	IA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	42-0989096				UAM Agent Services Corp.	IA	NIA	Universal American Financial Services	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-1352914				Universal American Holdings, LLC	DE	UDP	Universal American Corp.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-2042253				Today's Options of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-2742298				Accountable Care Coalition of Texas, Inc.	TX	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4105836				Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4106526				Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4112652				Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4113610				Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4113655				Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4113685				Accountable Care Coalition of Greater Athens Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4119739				Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00953	Universal American Corp.	00000	45-4136033				Accountable Care Coalition of the Green Mountains, LLC	VT	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4537668				Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Management	80.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4552802				Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4553113				Accountable Care Coalition of Greater Houston, LLC	TX	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4644722				APS Parent, Inc.	DE	NIA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems LLC	Management	97.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5416424				Accountable Care Coalition of South Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5431801				Accountable Care Coalition of North Central Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5449147				Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5461336				Accountable Care Coalition of Greater Athens Georgia II, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5481108				Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5510251				Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5571360				Accountable Care Coalition of Greater Augusta & Statesboro, LLC	GA	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	46-2881180				Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-2346408				Accountable Care Coalition of Southeast Texas, Inc.	TX	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3665787				Accountable Care Coalition of Central Florida, LLC	FL	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3679650				Accountable Care Coalition of the Wekiva Region, LLC	FL	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0

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00953	Universal American Corp.	00000	47-3689876				Accountable Care Coalition of Jacksonville, LLC	FL	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3707408				Accountable Care Coalition of Cherry Hill, LLC	NJ	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3843552				Accountable Care Coalition of Southeast Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3873894				Accountable Care Coalition of El Paso, LLC	TX	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3894436				Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3913308				Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-4069668				Accountable Care Coalition of Northwest Georgia, LLC	GA	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-4351864				Collaborative Health Systems of Georgia, Inc.	GA	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	47-5370063				Texas Physicians Collaborative, Inc.	TX	NIA	Collaborative Health Systems, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	68284	48-0557726				The Pyramid Life Insurance Company	KS	IA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	52-2134236				APS Healthcare Holdings, Inc.	DE	NIA	APS Healthcare, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	54-1602622				APS Healthcare, Inc.	DE	NIA	UAM/APS Holding Corp.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	59-3533654				Ameri-Plus Preferred Care, Inc.	FL	NIA	Worldnet Services Corp.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Corp.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritages Health Systems of Texas Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	10096	62-1819658				SelectCare of Texas, Inc.	TX	IA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	65-0488090				Worldnet Services Corp.	FL	NIA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	10768	74-3141949				SelectCare Health Plans, Inc.	TX	IA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Management	99.0	Universal American Corp.	0
00953	Universal American Corp.	00000	76-0500964				HHS Texas Management, Inc.	GA	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Management	100.0	Universal American Corp.	0

SCHEDULE Y
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00953	Universal American Corp.	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp.	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Management	51.0	Universal American Corp.	0
00953	Universal American Corp.	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Management	100.0	Universal American Corp.	0
00953	Universal American Corp.	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Management	100.0	Universal American Corp.	0
														0
														0
												0.0		0
												0.0		0
												0.0		0

Asterisk	Explanation

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
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1.

Bar Code:

1. 1 3 6 2 7 2 0 1 6 3 6 5 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	109,232	999,512
2. Cost of bonds and stocks acquired		109,209
3. Accrual of discount	99	511
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		1,000,000
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)	109,331	109,232
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	109,331	109,232

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,521,766	110,518	111,394	99	1,520,989	0	0	1,521,766
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	1,521,766	110,518	111,394	99	1,520,989	0	0	1,521,766
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	1,521,766	110,518	111,394	99	1,520,989	0	0	1,521,766

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ ..... ; NAIC 2 $ ..... ;
NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... ; NAIC 6 $ .....

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	1,411,658	XXX	1,411,658		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,412,534	524,983
2. Cost of short-term investments acquired	110,518	1,003,134
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	111,394	115,583
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)	1,411,658	1,412,534
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,411,658	1,412,534

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule E - Part 1

NONE

Schedule E - Part 2

NONE