2010

ANNUAL STATEMENT

OF THE

INDEPENDENCE INSURANCE, INC.

OF

Wilmington

IN THE STATE OF

Delaware

TO THE

INSURANCE DEPARTMENT

OF THE

STATE OF Delaware

FOR THE YEAR ENDED

DECEMBER 31, 2010



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

INDEPENDENCE INSURANCE, INC.

NAIC Group Code 0936,	0936	NAIC Comp	any Code	60254	Employer's ID	Number	23-2865349
(Current Period)	(Prior Period)		04-4-	of Donoicile, on F	Sant of Cutur.	_	elaware
Organized under the Laws of	Delaware				Port of Entry	<u> </u>	Clawale
Country of Domicile				States		20/04/4	000
Incorporated/Organized	10/08/1996		Commenced	Business		02/01/1	999
Statutory Home Office	CT Corp 1209 O					on, DE 198	
	(Street and N	•		Distribution D		State and Zip	
Main Administrative Office	1901 Market Stree (Street and Number)		<u> </u>		A 19103-1480 te and Zip Code)	/Area	215-241-2400 Code) (Telephone Number)
Mail Address 10	901 Market Street			(Oity of Town, Star	Philadelphia, PA	•	
Mail Address 19	t and Number or P.O. Box)		· · ·		(City or Town, State		
Primary Location of Books and Records		arket Street		Philadelphia	, PA 19103-1480)	215-241-2290
Timaly Education of Education and Medical	(Street a	and Number)			State and Zip Code)		Code) (Telephone Number)
Internet Web Site Address				N/A			
Statutory Statement Contact	Philip	J. Zdanowicz				241-2290	
Dhilin 7danawian	Diby com	(Name)			(Area Code) (Telep 215-241-040		(Extension)
Philip.Zdanowicz@ (E-Mail Addres					(FAX Number)	<u> </u>	
(2	,	OFF	ICERS				
Name	Title	011	IOLING	Name			Title
Daniel Joseph Hilferty #,		SEO	Lilton		aferro Jr,		Secretary
Alan Krigstein	C.F.O. & Tre		Litton	TOOSCVCIL TAIL	<u>aiciio oi.</u> ,		Scorotary
Daniel Joseph Hilferty #	Alan Krigs	tein	<u> </u>				
State ofPennsylvania.							
County ofPhiladelphia	s	s					
The officers of this reporting entity, being du above, all of the herein described assets wer this statement, together with related exhibits, of the condition and affairs of the said report completed in accordance with the NAIC Annuthat state rules or regulations require different respectively. Furthermore, the scope of this a exact copy (except for formatting differences to the enclosed statement.	e the absolute property schedules and explana ing entity as of the repc all Statement Instruction ces in reporting not rela attestation by the descri	of the said repo ations therein co orting period sta ns and Accounti ated to accounti bed officers als	orting entity, free ontained, annexe ontained, annexe of above, and ing Practices and on includes the r	e and clear from a ed or referred to it of its income and d Procedures Ma d procedures, acc elated correspond	any liens or claims the safull and true stated deductions therefront the except to the excreting to the best of the placetronic filing electronic filing.	nereon, excepement of all toom for the peoxtent that: (1) of their informations with the NAI	ot as herein stated, and that the assets and liabilities and viriod ended, and have been state law may differ; or, (2) ation, knowledge and belief, C, when required, that is an
Daniel Joseph Hilforty President & C.E.O.	Le Le		Meak sevelt Tallafer Secretary	0	an original filing?	Alan Kri C.F.O. & T	
Subscribed and sworn to before me this 23 rcl day of Februa Jon S Hayp	ry, 2011		ï	2. Da	ate the amendment te filed mber of pages attac		

NOTARIAL SEAL LORI B HAYNES Notary Public
PHILADELPHIA CITY, PHILADELPHIA CNTY My Commission Expires Sep 22, 2014

ASSETS

			Current Year		Prior Year
		1	2	3	4
				Net Admitted Assets	Net Admitted
		Assets	Nonadmitted Assets		Assets
1	Bonds (Schedule D)	1/13 01/		143,914	0
	· · · · · · · · · · · · · · · · · · ·				
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$	0	0	0	0
	· '				
	4.2 Properties held for the production of income				
	(less \$	0	0	0	0
	4.3 Properties held for sale (less				
	\$	0	0	0	0
_					
5.	Cash (\$536 , Schedule E - Part 1), cash equivalents				
	(\$0 , Schedule E - Part 2) and short-term				
	investments (\$1,589,201 , Schedule DA)	1,589.737	0	1,589.737	1,739.035
6	Contract loans (including \$			0	
	· · · · · · · · · · · · · · · · · · ·				
	Derivatives			0	0
8.	Other invested assets (Schedule BA)	0	0	0	0
9.	Receivables for securities	0	0	0	0
	Securities lending reinvested collateral assets.				
	Aggregate write-ins for invested assets				
	Subtotals, cash and invested assets (Lines 1 to 11)	1,733,651	0	1,733,651	1,739,035
13.	Title plants less \$				
	only)	0	0	0	0
14.		932		932	0
				02	
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	0	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$ @ earned				
	, , ,	^	0	0	0
	but unbilled premium)	0	0	0	0
	15.3 Accrued retrospective premiums	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
					0
	16.3 Other amounts receivable under reinsurance contracts				0
	Amounts receivable relating to uninsured plans				0
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2	Net deferred tax asset	0	0	0	0
	Guaranty funds receivable or on deposit				0
	Electronic data processing equipment and software	0	0	J0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$	0	0	0	0
22	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
	Receivables from parent, subsidiaries and affiliates				0
	Health care (\$			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)	1.734 583	0	1.734 583	1.739 035
27	From Separate Accounts, Segregated Accounts and Protected	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
۷1.	·	•	_	_	_
	Cell Accounts		l0	0	0
28.	Total (Lines 26 and 27)	1,734,583	0	1,734,583	1,739,035
	DETAILS OF WRITE-INS				
1101		Λ	n	0	n
			^	^	^
			l	J	ا ^ل ــــــــــــــــــــــــــــــــــــ
			0	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
	·	^	0	0	0
		U	J	J	
2502.			J0	0	0
2503.		0	0	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	n
_555.	. 3.5.5 (2000 2001 1110 dgr. 2000 pido 2000)(2016 20 above)	<u> </u>	0	0	U

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Aggregate reserve for life contracts \$	Guiloik Tour	T HOT TOUT
	\$	0	0
2.	Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Col. 1)(including		
	\$	0	0
2	Modco Reserve)		
	Contract claims:		0
٦.	4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)	0	0
	4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)	0	0
5.	Policyholders' dividends \$ 0 and coupons \$ 0 due and unpaid (Exhibit 4		
	Line 10)	0	0
6.	Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
	6.1 Dividends apportioned for payment (including \$		
	6.2 Dividends not yet apportioned (including \$		
	6.3 Coupons and similar benefits (including \$		
	Amount provisionally held for deferred dividend policies not included in Line 6	0	0
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less		
	\$	0	0
0	Part 1, Col. 1, sum of Lines 4 and 14)	U	0
9.	9.1 Surrender values on canceled contracts	0	0
	9.2 Provision for experience rating refunds, including \$		
	refunds	0	0
	9.3 Other amounts payable on reinsurance, including \$	0	0
	9.4 Interest Maintenance Reserve (IMR, Line 6)	0	0
10.	Commissions to agents due or accrued-life and annuity contracts \$		
	\$	0	
11.	Commissions and expense allowances payable on reinsurance assumed	0	0
	General expenses due or accrued (Exhibit 2, Line 12, Col. 6)	0	0
13.	Transfers to Separate Accounts due or accrued (net) (including \$	0	n
1/	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)	υ Λ	n l
15.1	Current federal and foreign income taxes, including \$	0	0
15.2	Net deferred tax liability	0	0
	Unearned investment income		
	Amounts withheld or retained by company as agent or trustee		
	Amounts held for agents' account, including \$		
	Remittances and items not allocated		
20.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0
21.	Liability for benefits for employees and agents if not included above	0	0
	Borrowed money \$		
	Dividends to stockholders declared and unpaid	U	U
24.	24.01 Asset valuation reserve (AVR, Line 16, Col. 7)	0	0
	24.02 Reinsurance in unauthorized companies	0	0
	24.03 Funds held under reinsurance treaties with unauthorized reinsurers		
	24.04 Payable to parent, subsidiaries and affiliates	704	300
	24.05 Drafts outstanding	0	0
	24.06 Liability for amounts held under uninsured plans	0	0
	24.07 Funds held under coinsurance	_	0
	24.08 Derivatives		0
	24.09 Payable for securities		0
	24.11 Capital notes \$		0
25	Aggregate write-ins for liabilities		
	Total liabilities excluding Separate Accounts business (Lines 1 to 25)	704	300
	From Separate Accounts statement		0
28.	Total liabilities (Lines 26 and 27)	704	300
29.	Common capital stock	350,000	350,000
30.	Preferred capital stock	0	0
31.	Aggregate write-ins for other than special surplus funds	0	0
	Surplus notes		0
	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		1,850,000
	Aggregate write-ins for special surplus funds		0 (461-265)
	Unassigned funds (surplus)	(400,121)	(461,265)
50.	36.1	0	0
	36.2 Shares preferred (value included in Line 30 \$	0	
37.	Surplus (Total Lines 31+32+33+34+35-36) (including \$		1,388,735
	Totals of Lines 29, 30 and 37 (Page 4, Line 55)	1,733,879	
	Totals of Lines 28 and 38 (Page 2, Line 27, Col. 3)	1,734,583	1,739,035
	DETAILS OF WRITE-INS		·
2501.		0	0
		0	0
			0
2598.	Summary of remaining write-ins for Line 25 from overflow page	<u>0</u>	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
		0	ا بر
			0 0
	Summary of remaining write-ins for Line 31 from overflow page		0
3199.	Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	n .	n l
	Totals (Lines 3101 tillough 3103 plus 3130)(Line 31 above)	0	0
			0
3403.		0	0
	Summary of remaining write-ins for Line 34 from overflow page	0	0
	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

SUMMARY OF OPERATIONS

		1 Current Year	2 Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	0	0
2.	Considerations for supplementary contracts with life contingencies	0	0
3.	Net investment income (Exhibit of Net Investment Income, Line 17)	2,046	4,895
	Amortization of Interest Maintenance Reserve (IMR, Line 5)		0
6.	Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	0	0
	Reserve adjustments on reinsurance ceded	0	0
	Miscellaneous Income: 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate		
	Accounts		0
		0	0
	8.3 Aggregate write-ins for miscellaneous income	2,046	4,895
	Totals (Lines 1 to 8.3)	2,040	4,093
	Matured endowments (excluding guaranteed annual pure endowments)	0	0
12.	Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	0
	Disability benefits and benefits under accident and health contracts		0
	Coupons, guaranteed annual pure endowments and similar benefits		0
	Surrender benefits and withdrawals for life contracts		0
17.	Interest and adjustments on contract or deposit-type contract funds	0	0
	Payments on supplementary contracts with life contingencies		0
	Increase in aggregate reserves for life and accident and health contracts	0	0
20.	Totals (Lines 10 to 19)	0	0
	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	0	0
22.	Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	0	0
23.	General insurance expenses (Exhibit 2, Line 10, Columns 1 , 2, 3 and 4)	8,852	8,513 1,934
24. 25	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)		1,934
26.	Net transfers to or (from) Separate Accounts net of reinsurance	0	
	Aggregate write-ins for deductions	0	0
28.	Totals (Lines 20 to 27)	9,902	10,447
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(7,856)	(5,552)
30.	Dividends to policyholders	(7.050)	(5,550)
	Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(3,000)	(5,552) (2,000)
	Federal and foreign income taxes incurred (excluding tax on capital gains) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or	(3,000)	(2,000)
	(losses) (Line 31 minus Line 32)	(4,856)	(3,552)
34.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$	0	0
35.	Net income (Line 33 plus Line 34)	(4,856)	(3,552)
	CAPITAL AND SURPLUS ACCOUNT		() /
	Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	1,738,735	1,742,287
37.	Net income (Line 35)		(3,552)
	Change in net unrealized capital gains (losses) less capital gains tax of \$		
			0
	Change in nonadmitted assets	0	0
			0
	Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4)		0
	Change in asset valuation reserve		0
	Surplus (contributed to) withdrawn from Separate Accounts during period		0
47.	Other changes in surplus in Separate Accounts statement	0	0
48.	Change in surplus notes	0	
	Cumulative effect of changes in accounting principles	0	0
	Valuat Harries		
i		0	
	50.1 Paid in	0	0
	50.1 Paid in	0	0 0
51.	50.1 Paid in	0	0
51.	50.1 Paid in	0	0 0
51.	50.1 Paid in	0 	
51.	50.1 Paid in	0	0 0 0 0 0 0
51. 52.	50.1 Paid in	0 0	
51. 52. 53.	50.1 Paid in	0	0 0 0 0 0 0 0 0
51. 52. 53. 54.	50.1 Paid in 50.2 Transferred from surplus (Stock Dividend) 50.3 Transferred to surplus Surplus adjustment: 51.1 Paid in 51.2 Transferred to capital (Stock Dividend) 51.3 Transferred from capital 51.4 Change in surplus as a result of reinsurance Dividends to stockholders Aggregate write-ins for gains and losses in surplus Net change in capital and surplus for the year (Lines 37 through 53)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0
51. 52. 53. 54.	50.1 Paid in	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
51. 52. 53. 54. 55.	50.1 Paid in 50.2 Transferred from surplus (Stock Dividend) 50.3 Transferred to surplus Surplus adjustment: 51.1 Paid in 51.2 Transferred to capital (Stock Dividend) 51.3 Transferred from capital 51.4 Change in surplus as a result of reinsurance Dividends to stockholders Aggregate write-ins for gains and losses in surplus Net change in capital and surplus for the year (Lines 37 through 53)		
51. 52. 53. 54. 55. 08.301 08.302	50.1 Paid in		
51. 52. 53. 54. 55. 08.301 08.302 08.303	50.1 Paid in		
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.398	50.1 Paid in		
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.398 08.399	50.1 Paid in	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.398	50.1 Paid in		
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.399 2701.	50.1 Paid in	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.399 2701. 2702. 2703. 2798.	50.1 Paid in	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.303 08.398 08.399 2701. 2702. 2703. 2798. 2799.	50.1 Paid in	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.398 08.399 2701. 2702. 2703. 2798. 2799. 5301.	50.1 Paid in 50.2 Transferred from surplus (Stock Dividend) 50.3 Transferred to surplus Surplus adjustment: 51.1 Paid in 51.2 Transferred to capital (Stock Dividend) 51.3 Transferred from capital 51.4 Change in surplus as a result of reinsurance Dividends to stockholders Aggregate write-ins for gains and losses in surplus Net change in capital and surplus for the year (Lines 37 through 53) Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.399 2701. 2702. 2703. 2799. 5301. 5302.	50.1 Paid in 50.2 Transferred from surplus (Stock Dividend) 50.3 Transferred to surplus Surplus adjustment: 51.1 Paid in 51.2 Transferred to capital (Stock Dividend) 51.3 Transferred from capital 51.4 Change in surplus as a result of reinsurance Dividends to stockholders Aggregate write-ins for gains and losses in surplus Surplus and surplus for the year (Lines 37 through 53) Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
51. 52. 53. 54. 55. 08.301 08.302 08.303 08.399 2701. 2702. 2703. 2798. 2799. 5301.	50.1 Paid in 50.2 Transferred from surplus (Stock Dividend) 50.3 Transferred to surplus Surplus adjustment: 51.1 Paid in 51.2 Transferred to capital (Stock Dividend) 51.3 Transferred from capital 51.4 Change in surplus as a result of reinsurance Dividends to stockholders Aggregate write-ins for gains and losses in surplus Net change in capital and surplus for the year (Lines 37 through 53) Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 8.3 from overflow page Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) Summary of remaining write-ins for Line 27 from overflow page Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
	Premiums collected net of reinsurance.		0
	Net investment income		4,895
3.	Miscellaneous income		0
4.	Total (Lines 1 through 3)	1,798	4,895
	Benefit and loss related payments		0
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
	Commissions, expenses paid and aggregate write-ins for deductions		10,447
	Dividends paid to policyholders		0
9.	Federal and foreign income taxes paid (recovered) net of \$	gains (losses) (3,000)	(2,000)
10.	Total (Lines 5 through 9)	6,902	8,447
	Net cash from operations (Line 4 minus Line 10)		(3,552)
	Cash from Investments		, ,
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	0	0
	12.2 Stocks		0
	12.3 Mortgage loans		0
	12.4 Real estate	_	0
	12.5 Other invested assets	_	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		0
13	Cost of investments acquired (long-term only):		
	13.1 Bonds	144 598	0
	13.2 Stocks		0
	13.3 Mortgage loans		0
	13.4 Real estate		0
	13.5 Other invested assets		0
	13.6 Miscellaneous applications	^	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)		0
1/	Net increase (decrease) in contract loans and premium notes	,	0
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	······································	0
13.	· · · · · · · · · · · · · · · · · · ·	(144,390)	U
16	Cash rom Financing and Miscellaneous Sources		
16.	Cash provided (applied):	0	0
	16.1 Surplus notes, capital notes		۷۰۰۰
	· · · · · · · · · · · · · · · · · · ·		
	16.3 Borrowed funds		0
	1 21		
	16.5 Dividends to stockholders		
47	16.6 Other cash provided (applied)		(5)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line	,	(5)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVEST		/0 557
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).	(149,298)	(3,55/)
19.	Cash, cash equivalents and short-term investments:	4 700 005	4 740 500
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	1,589,737	1,739,035

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2		Ordinary		6	Gro	oup		Accident and Health		12
	·	_	3	4	5 Supplementary	Credit Life (Group	7 Life Insurance	8	9	10 Credit (Group and	11	Aggregate of Other Lines
	Total	Industrial Life	Life Insurance	Individual Annuities	Contracts	and Individual)	(a)	Annuities	Group	Individual)	Other	Business
Premiums and annuity consideration for life and accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	
Considerations for supplementary contracts with life contingencies		0	0	0	0	0	0	0	0	0		
3. Net investment income	2,046	0	0	0	0	0	0	0	0	0	2,046	
4. Amortization of Interest Maintenance Reserve (IMR)	0	0	0		0		0	0	0	0	0	
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0	0	0	0	0	0	0	0	0	0	
6. Commissions and expense allowances on reinsurance ceded	Ú	0	0		0		0	0				
7. Reserve adjustments on reinsurance ceded	0	0	0	0	0	0	0	0		0	0	
Miscellaneous income: 8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	0	0	0	0	0	0	0	0	0	0	0	
8.2 Charges and fees for deposit-type contracts	0	0	0	0	0	0	0	0	0	0	0	
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0	0	0	
9. Totals (Lines 1 to 8.3)	2.046	0	0	Ů	0	Ů	0	0	0	0	2.046	
O. Death benefits O. Death benefits	2,040	0	0	0	0	0	0	0	0	0	2,040	
Death benefits Matured endowments (excluding quaranteed annual pure endowments)			0									
Annuity benefits			0					0	0			
Disability benefits and benefits under accident and health contracts	٥	0			0	0			Λ			
Coupons, guaranteed annual pure endowments and similar benefits	٥		0									
Surrender benefits and withdrawals for life contracts	٥					0		0 N	0			
Some note that is and withdrawars for line contracts Group conversions	٥	0							Λ			
Interest and adjustments on contract or deposit-type contract funds	٥	0 N			n	0	0 N	0 N	0 N	Λ	Λ	
8. Payments on supplementary contracts with life contingencies	٥	0							Λ			
Increase in aggregate reserves for life and accident and health contracts	٥	0			0	0	0 N	0 N	Λ			
Totals (Lines 10 to 19)	0	0	0	0	0	0	0	0	0	0	0	1
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct	0			0		0	0	0	0	0	0	
business only)	0	0	0	0	0	0	0	0	0	0	0	
2. Commissions and expense allowances on reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	
3. General insurance expenses	8,852	0	0	0	0	0	0	0	0	0	8,852	
Insurance taxes, licenses and fees, excluding federal income taxes	1,050	0	0	0	0	0	0	0	0	0	1,050	
Increase in loading on deferred and uncollected premiums	0	0	0	0	0	0	0	0	0	0	0	
6. Net transfers to or (from) Separate Accounts net of reinsurance	0	0	0	0	0	0	0	0	0	0	0	
7. Aggregate write-ins for deductions	0	0	0	0	0	0	0	0	0	0	0	
8. Totals (Lines 20 to 27)	9,902	0	0	0	0	0	0	0	0	0	9,902	
Net gain from operations before dividends to policyholders and federal income taxes												
(Line 9 minus Line 28)	(7,856)	0	0	0	0	0	0	0	0	0	(7,856)	
30. Dividends to policyholders	0	0	0	0	0	0	0	0	0	0	0	
11. Net gain from operations after dividends to policyholders and before federal income taxes												
(Line 29 minus Line 30)	(7,856)	0	0	0	0	0	0	0	0	0	(7,856)	
32. Federal income taxes incurred (excluding tax on capital gains)	(3,000)	0	0	0	0	0	0	0	0	0	(3,000)	
33. Net gain from operations after dividends to policyholders and federal income taxes and	(4.050)							•			(4.050)	
before realized capital gains or (losses) (Line 31 minus Line 32)	(4,856)	0	0	0	0	0	0	0	0	0	(4,856)	
DETAILS OF WRITE-INS												
01.	0	0	0	0	0	0	0	0	0	0	0	
)2	0	0	0	0	0	0	0	0	0	0	0	
03.	0	0	0	0	0	0	0	0	0	0	0	
98. Summary of remaining write-ins for Line 8.3 from overflow page		J0	l		I0	F0	0	0	[
99. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0	0	0	0	0	1
1	<u>0</u>	0	0	0	0		0	0	0	<u>0</u>		
2.	0	0	0	0	0	0	0	0	0	0	0	
3	0	0	0	0	0	0	0	0	0	0	0	
8. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0	0	0	ļ
99. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0	0	0	0	0	

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

ANALIOIOOI	1	2		Ordinary		6	Gro	oup
		_	3	4	5		7	8
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities
Involving Life or Disability Contingencies (Reserves)								
(Net of Reinsurance Ceded)								
Reserve December 31, prior year	0	0	0	0	0	0	0	0
Tabular net premiums or considerations	0	0	0	0	0	0	0	0
Present value of disability claims incurred	0	0	0	0	xxx	0	0	0
Tabular interest	0	0	0	0	0	0	0	0
Tabular less actual reserve released	0	0	0	0	0	0	0	0
Increase in reserve on account of change in valuation basis	0	0	0	0	0	0	0	0
7. Other increases (net)	0	0	0	0	0	0	0	0
8. Totals (Lines 1 to 7)	0	0	0	0	0	0	0	0
9. Tabular cost	0	0	0	0	xxx	0	0	0
10. Reserves released by death	0	0	0	xxx	xxx	0	0	xxx
11. Reserves released by other terminations (net)	0	0	0	0	0	0	0	0
12. Annuity, supplementary contract, and disability payments involving life contingencies	0	0	0	0	0	0	0	0
13. Net transfers to or (from) Separate Accounts	0	0	0	0	0	0	0	0
14. Total deductions (Lines 9 to 13)	0	0	0	0	0	0	0	0
15. Reserve December 31, current year	0	0	0	0	0	0	0	0

EXHIBIT OF NET INVESTMENT INCOME

			1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	(671)	262
1.1	Bonds exempt from U.S. tax	(a)		0
1.2	Other bonds (unaffiliated)		0	0
1.3	Bonds of affiliates		0	0
2.1	Preferred stocks (unaffiliated)	(-)	0	0
	Preferred stocks of affiliates			0
2.2	Common stocks (unaffiliated)		0	0
2.21			0	0
3.	Mortgage loans		0	0
4.	Real estate			0
5.	Contract loans.		 0	0
6.	Cash, cash equivalents and short-term investments	(0)	1 784	1,784
7.	Derivative instruments		0	0
8.	Other invested assets			0
9.	Aggregate write-ins for investment income		۷	
10.	Total gross investment income		0 1.113	2,046
	· · ·		, -	
11.	Investment expenses			(g)0
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g)
13.	Interest expense			
14.	Depreciation on real estate and other invested assets			
15.	Aggregate write-ins for deductions from investment income			0
16.	Total deductions (Lines 11 through 15)			0
17.	Net investment income (Line 10 minus Line 16)	,		2,046
	DETAILS OF WRITE-INS			
0901.			0	0
0902.			0	0
0903.			0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page		0	0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)		0	0
1501.				0
1502.				0
1503.				
1598.	Summary of remaining write-ins for Line 15 from overflow page			
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)			0
1000.	Totals (Lines 1301 timough 1303) plus 1390 (Line 13 above)			
(b) Incl (c) Incl (d) Incl (e) Incl (f) Incl (g) Incl seg (h) Incl	udes \$0 accrual of discount less \$684 amortization of premium and less \$udes \$0 accrual of discount less \$0 amortization of premium and less \$udes \$0 for company's occupancy of its own buildings; and excludes \$	st on e	paid for accrued paid for accrued paid for accrued ncumbrances0 paid for accrued	d dividends on purchases. d interest on purchases. d interest on purchases.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		OI CAIII	I AL OAII1	3 (LU33L	-O <i>)</i>	
		1	2	3	4	5.
		Realized				
		Gain (Loss)		Total Realized Capital		Change in Unrealized
		On Sales or	Realized		Change in Unrealized	
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	
1.1	Bonds exempt from U.S. tax	0	0	0	0	
1.2	Other bonds (unaffiliated) Bonds of affiliates Preferred stocks (unaffiliated) Preferred stocks of affiliates Common stocks (unaffiliated)			0	0	
1.3	Bonds of affiliates		0	[0	0	Ω
2.1	Preferred stocks (unaffiliated)	0		0	0	
2.11	Preferred stocks of affiliates	0	0			
2.2	Common stocks (unaffiliated)		.	0	0	(
2.21	Common stocks (driamilated)				0	
3.	Mortgage loans	0	0	0	0	(
4.	Real estate			0	0	(
5.	Contract loans	0	Q	0	0	
6.	Cash, cash equivalents and short-term investments .	0	Q	0	<u></u> 0	
7.	Derivative instruments	0	0	0	0	
8.	Other invested assets			0	0	
9.	Aggregate write-ins for capital gains (losses)	0	0	D	J	
10.	Total capital gains (losses)	0	0	Ü	0	(
	DETAILS OF WRITE-INS					
0901.		0	0	0	0	
0902.			0	0	0	
0903.		0	0	0	0	
0998.	Summary of remaining write-ins for Line 9 from overflow page		0	0	0	
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9,	0	0	0	0	

Exhibit 1 - Part 1

NONE

Exhibit 1 - Part 2

NONE

EXHIBIT 2 - GENERAL EXPENSES

				Insur		1	5	6	
		1	L	Accident a		4			
		Life		2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Total	
1.	Rent		.0	0	0	0	0	0	
2.	Salaries and wages		.0	0	0	0	0	0	
3.11	Contributions for benefit plans for employees		.0	0	0	0	0	0	
	Contributions for benefit plans for agents		.0	0	0	0	0	0	
	_ · · · · · · · · · · · · · · · · · · ·		0	0	0	0	0	0	
	Payments to agents under non-funded benefit plans		0	0	0	0	0	0	
	Other employee welfare		0	0	0	0	0	(
	Other agent welfare		0	0	0	0	0	(
	Legal fees and expenses		0	0	Λ	0	0		
	Medical examination fees		.0		Λ	Λ	Λ		
			.0			Λ			
					0	Δ			
	Expense of investigation and settlement of policy claims		.0		0				
			.0		0	0	0		
	Traveling expenses		.0	0	0	0	0		
			.0	0	0	0	0		
	Postage, express, telegraph and telephone			0	0	0	0	0	
	,		.0	0	0	0	0	0	
	Cost or depreciation of furniture and equipment		.0	0	0	0	0	0	
			.0	0	0	0	0		
	Cost or depreciation of EDP equipment and software		.0	0	2,757	0	0	2,757	
6.1	Books and periodicals		.0	0	0	0	0	0	
6.2	Bureau and association fees		.0	0	0	0	0		
6.3	Insurance, except on real estate		.0	0	0	0	0		
6.4	Miscellaneous losses		.0	0	0	0	0		
6.5	Collection and bank service charges		.0	0	5,721	0	0	5,721	
	Sundry general expenses		.0	0	374	0	0	374	
	Group service and administration fees			0	0	0	0		
	Reimbursements by uninsured plans		0	0	0	0	0	0	
			0	0	0	0	0	(
	Agents' balances charged off (less \$			0	0	0	0		
7.3	Agency conferences other than local meetings		0	0	0	0	0	r	
	Real estate expenses		0	0	Λ	0	0		
				0		0	0		
	Aggregate write-ins for expenses		0	Λ	Λ	n	Λ		
			0	0	8.852	0	0	(a) 9.953	
	General expenses incurred General expenses unpaid December 31, prior year		.0			Λ		(a)	
	General expenses unpaid December 31, current year		.0						
13.	Amounts receivable relating to uninsured plans, prior year		.0		0				
	Amounts receivable relating to uninsured plans, prior year Amounts receivable relating to uninsured plans, current year		.0						
15.	General expenses paid during year (Lines 10+11-12- 13+14)		0	0	8,852	0	0	8,852	
0 204	DETAILS OF WRITE-INS		0						
9.301.			.0	0	0	0	0		
9.302.			.0	0	0	0	0	(
9.303.			.0	0	0	0	0	(
9.398.	Summary of remaining write-ins for Line 9.3 from overflow		_	_					
000	page		.0	0	0	0	0	(
19.399.	Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)	affiliates and \$	0	0	to non-affiliates.	0	0	(

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

			,		
		Insurance		4	5
	1	2	3		
			All Other Lines of		
	Life	Accident and Health	Business	Investment	Total
Real estate taxes	0	0	0	0	٥
State insurance department licenses and fees	0	1,050	0	0	1,050
State taxes on premiums	٥	0	0	0	0
Other state taxes, incl. \$					
for employee benefits	0	0	0	0	0
U.S. Social Security taxes	0	0	0	0	0
All other taxes	0	0	0	0	0
7. Taxes, licenses and fees incurred	0	1,050	0	0	1,050
8. Taxes, licenses and fees unpaid December 31, prior year	0	0	0	L0	0
9. Taxes, licenses and fees unpaid December 31, current year.	. 0	0	0	0	0
 Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) 	0	1.050	0	0	1.050

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1	2
	Life	Accident and Health
Applied to pay renewal premiums	0	
2. Applied to about a the and assessment or promises position position	0	
3. Applied to provide paid-up additions	O	
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4	0	
6. Paid - in cash	0	
Applied to shorted the endowners of premium-paying period Applied to provide paid-up additions Applied to provide paid-up annuities Total Lines 1 through 4 Paid - in cash Left on deposit	 0	
Aggregate write-ins for dividend or refund options	0	
9. Total Lines 5 through 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year	D	
12. Terminal dividends		
13. Provision for deferred dividend contracts		
Terminal dividends	0	
15. Total Lines 10 through 14	0	
16. Total from prior year		
17. Total dividends or refunds (Lines 9 + 15 - 16)	0	
DETAILS OF WRITE-INS		
801.		
802.		
803.		
898. Summary of remaining write-ins for Line 8 from overflow page		
899. Totals (Line 0801 through 0803 + 0898) (Line 8 above)	0	

Exhibit 5



EXHIBIT 5 - INTERROGATORIES

	Has the reporting entity ever issued both participating and non-participating contracts?		Yes []	No	[X	()
2.1.	Does the reporting entity at present issue both participating and non-participating contracts?		Yes []	No	[X	(]
2.2.	If not, state which kind is issued.						
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?		Yes []	No	[X	(]
	If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinio as described in the instructions.	'n					
4.	Has the reporting entity any assessment or stipulated premium contracts in force?		Yes []	No	[X	(]
	If so, state:						
	4.1 Amount of insurance?	\$				0	
	4.2 Amount of reserve?	.\$.0	
	4.3 Basis of reserve						
	4.4 Basis of regular assessments						
	4.5 Basis of special assessments						
	4.6 Assessments collected during the year:					.0	
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.						
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?		Yes [1	No	[X	()
	6.1 If so, state the amount of reserve on such contracts on the basis actually held:					.0	
	6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:					.0	
	Attach statement of methods employed in their valuation.						
7.	Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?	?	Yes [1	No	ſΧ	(1
	7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:						٠, ١
	7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount					.0	
	7.3 State the amount of reserves established for this business:					.0	
	7.4 Identify where the reserves are reported in the blank	-					

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1	Valuatio	n Basis	4
	2	3	Increase in Actuaria Reserve Due to
Description of Valuation Class	Changed From	Changed To	Change
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)	NE		
399999 Subtotal	XXX	XXX	

Exhibit 6 - Agg. Res. for A&H Contracts NONE

Exhibit 7 - Deposit Type Contracts

NONE

Exhibit 8 - Part 1

NONE

Exhibit 8 - Part 2

NONE

Exhibit of Nonadmitted Assets

NONE

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The financial statements of Independence Insurance, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Delaware Department of Insurance.

The Delaware Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Delaware for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Delaware Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version as of March 2010, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Delaware, subject to any deviations prescribed or permitted by the Delaware State Insurance Commissioner.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Delaware is shown below:

	State of		
	Domicile	12/31/2010	12/31/2009
LOSS			
Independence Insurance State Basis	DE	\$ (4,856)	\$ (3,552)
(Page 4, Line 32, Columns 2 & 3)			
State Prescribed Practices that inc/(dec) NAIC SAP	DE	0	0
State Permitted Practices that inc/(dec) NAIC SAP	DE	0	0
NAIC SAP (1-2-3=4)	DE	(4,856)	(3,552)
RPLUS			
Independence Insurance State Basis	DE	1,733,879	1,738,735
(Page 3, Line 33, Columns 3 & 4)			
State Prescribed Practices that inc/(dec) NAIC SAP	DE	0	0
State Permitted Practices that inc/(dec) NAIC SAP	DE	0	0
NAIC SAP (5-6-7=8)	DE	\$ 1,733,879	\$ 1,738,735
	Independence Insurance State Basis (Page 4, Line 32, Columns 2 & 3) State Prescribed Practices that inc/(dec) NAIC SAP State Permitted Practices that inc/(dec) NAIC SAP NAIC SAP (1-2-3=4) PLUS Independence Insurance State Basis (Page 3, Line 33, Columns 3 & 4) State Prescribed Practices that inc/(dec) NAIC SAP State Permitted Practices that inc/(dec) NAIC SAP	Independence Insurance State Basis (Page 4, Line 32, Columns 2 & 3) State Prescribed Practices that inc/(dec) NAIC SAP State Permitted Practices that inc/(dec) NAIC SAP NAIC SAP (1-2-3=4) Independence Insurance State Basis (Page 3, Line 33, Columns 3 & 4) State Prescribed Practices that inc/(dec) NAIC SAP DE State Prescribed Practices that inc/(dec) NAIC SAP DE State Prescribed Practices that inc/(dec) NAIC SAP DE	Independence Insurance State Basis (Page 4, Line 32, Columns 2 & 3) State Prescribed Practices that inc/(dec) NAIC SAP State Permitted Practices that inc/(dec) NAIC SAP NAIC SAP (1-2-3=4) Independence Insurance State Basis (Page 3, Line 33, Columns 3 & 4) State Prescribed Practices that inc/(dec) NAIC SAP State Permitted Practices that inc/(dec) NAIC SAP DE 0 State Permitted Practices that inc/(dec) NAIC SAP DE 0

B. Use of Estimates

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

Asset values are generally stated as follows:

- (1) Short-term investments consist of money market instruments.
- (2) Bonds excluding loan-backed and structured securities that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; with all other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value.
- (3) Common Stocks None
- (4) Preferred stocks None
- (5) Mortgage loans None
- (6) Loan-backed securities None
- (7) Non-insurance subsidiaries None
- (8) Investment in joint ventures, partnerships and limited liability companies None
- (9) Derivatives None
- (10) Anticipated investment income as a factor in the premium deficiency calculation None
- (11) Unpaid losses and loss adjustment expenses None
- (12) The Company has modified its capitalization policy from the prior period by raising the predefined capitalization thresholds for certain classes of capital assets. Purchased capital assets that are beneath these thresholds are deemed to be immaterial and expensed when purchased. The change was made as a result of a review of the former policy and an assessment of materiality. This review resulted in the conclusion that the thresholds previously used were set at a level which provided for capitalization of immaterial amounts which is not required under Statements of Statutory Accounting Principles.
- (13) Pharmaceutical rebate receivables None

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Material changes in accounting principle and/or correction of errors – None.

3. BUSINESS COMBINATIONS AND GOODWILL

- A. Statutory Purchase Method None
- B. Statutory Merger None
- C. Assumption Reinsurance None
- D. Impairment Loss Recognized on Business Combinations and Goodwill None

4. **DISCONTINUED OPERATIONS - None**

5. INVESTMENTS

- A. Mortgage Loans including Mezzanine Real Estate Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions
 - (1) Repurchase agreements None
 - (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2010.
- F. Real Estate None
- G. Investments in low-income housing tax credits (LIHTC) None

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. INVESTMENT INCOME

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.

8. **DERIVATIVE INSTRUMENTS** - None

9. INCOME TAXES

- A. The components of the net deferred tax asset/(liability) at December 31 are as follows:
 - (1) The Company does not have any DTA/DTLs
 - (2) The Company has not elected to admit deferred tax assets pursuant to paragraph 10.e. for the current reporting period. The current period election does not differ from the prior reporting period.
 - (3) The increased amount by tax character, and the change in such, of admitting adjusted gross DTAs as the result of the application of paragraph 10e: Not Applicable
- B. Unrecognized deferred tax liabilities
 - (1) There are no temporary differences for which deferred tax liabilities are not recognized.
- C. Current income taxes incurred consist of the following major components:

		(1)	(2)	(3)
				(Col 1 - 2)
		12/31/2010	12/31/2009	Change
	Current Income Tax			
1	Federal	(\$3,000)	(\$2,000)	(\$1,000)
(a)	Foreign	0	0	0
(b)	Subtotal	(\$3,000)	(\$2,000)	(\$1,000)
(c)	Federal income tax			
(d)	on net capital gains	0	0	0
	Utilizaton of capital			
(e)	loss carry-forwards	0	0	0
	Other	0	0	0
(f)	Federal and foreign			
(g)	income taxes incurred	(\$3,000)	(\$2,000)	(\$1,000)

D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate of 35% to income before income taxes as follows:

	12/	31/2010	12	/31/2009
Current income taxes incurred	\$	(3,000)	\$	(2,000
Change in deferred income tax				
(without tax on unrealized gains and losses)		-		
Total income tax reported		(3,000)		(2,000
Income before taxes		(7,856)		(5,552
		35%		359
		(2,750)		(1,943
Increase (decrease) in actual tax reported resulting from:				
a. Other - rounding		(250)		(57
Total income tax reported	\$	(3,000)	\$	(2,000

E. Operating loss carry-forward

- (1) As of December 31, 2010 there are no operating loss or tax credit carry-forwards available for tax purposes.
- (2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

2010	\$ -
2009	\$ -

(3) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code are - NOT APPLICABLE

F. Consolidated federal income tax return

(1) The Company's federal income tax return is consolidated with:

Independence Blue Cross

AmeriHealth Administrators, Inc.

AmeriHealth Assurance, LTD

AmeriHealth Casualty Insurance Company

AmeriHealth HMO, Inc.

AmeriHealth Insurance Company of New Jersey

AmeriHealth Integrated Benefits, Inc.

AmeriHealth Integrated Case Management, Inc.

AmeriHealth Integrated Workers Compensation Management, Inc.

AmeriHealth of Florida, Inc.

AmeriHealth Services, Inc.

AmeriHealth, Inc.

CompServices, Inc.

CSI Services, Inc.

Healthcare Delaware, Inc.

Independence Healthcare Management, Inc.

Independence Holdings, Inc.

Keystone Benefits, Inc.

Keystone Health Plan East, Inc.

Keystone Health Systems, Inc.

NS Assisted Living Facilities, Inc.

QCC Insurance Company

Region 6 RX Corporation

The AmeriHealth Agency, Inc.

Vista Health Plan, Inc.

(2) The written agreement approved by the Company's Board of Directors states that the total consolidated federal income tax for all entities is allocated to each entity based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled monthly.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- A. The Company is a stock life insurance company, which is organized pursuant to the laws of the State of Delaware and is a wholly owned subsidiary of AmeriHealth, Inc. AmeriHealth, Inc. is a Pennsylvania corporation and an wholly owned subsidiary of Independence Blue Cross.
- B., C. Organization structure and transactions between parent company and subsidiaries are reflected in Schedule Y, Part 2.
- D. In the normal course of business, amounts due from/to related parties are reflected on Assets, line 23 and Liabilities, line 24.04, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an intercompany loan agreement where amounts may be borrowed and repaid within up to 365 days.
- E. Parental Guarantees None
- F. The Company has a service agreement with IBC and its affiliates for performance of certain personnel related services. IBC and its affiliates are compensated at actual cost.
- G. All outstanding shares of the Company are owned by AmeriHealth, Inc., an insurance holding company domiciled in the state of Pennsylvania. AmeriHealth, Inc. is a wholly owned subsidiary of Independence Blue Cross, a non-stock, non-member hospital plan corporation domiciled in the State of Pennsylvania.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity None
- I. Investments in a Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets None
- J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities None
- K. Investment in foreign subsidiary calculation N/A
- L. Investment in a downstream noninsurance holding company None

11. **DEBT**

- A. Capital Notes None
- B. FHLB Agreements None
- C. All Other Debt None

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A. Defined Benefit Plans None
- B. Defined Contribution Plans None
- C. Multiemployer Plans None
- D. Consolidated/Holding Company Plans None
- E. Postemployment Benefits and Compensated Absences None
- F. Impact of Medicare Modernization Act on Postretirement Benefits None

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

- (1) The Company has 10,000 shares authorized and 3,500 shares outstanding as of December 31, 2010.
- (2) Preferred stock outstanding None
- (3) The company, as a stock life insurance company of the State of Delaware, may pay dividends to shareholders only from the profit arising from its business. In estimating such profits, the statute provides for the deduction of various specific items as liabilities.
- (4) The Company did not pay any dividends in 2010
- (5) Within the limitations of (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) The total amount of advances to surplus not repaid is \$0.
- (8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
 - a. For conversion of preferred stock: 0 shares
 - b. For employee stock options: 0 shares
 - c. For stock purchase warrants: 0 shares
- (9) There are no special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains (losses) \$0
- (11) Surplus debentures or similar obligations None
- (12 & 13) Effective date and financial impact of a quasi-reorganization None

14. CONTINGENCIES

- A. Contingent Commitments None
- B. Assessments
 - The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.
- C. Gain Contingencies None
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits None
- E. All Other Contingencies
 - In the course of ordinary business, the Company is involved in and is subject to claims, contractual disputes and other uncertainties. In the opinion of management, after consultation with legal counsel, the ultimate disposition of these matters will not have a material adverse effect on the Company's financial condition.

15. LEASES

- A. Lessee Operating Leases None
- B. Lessor Leases/Leveraged Leases None

- 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK None
- 17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES
 - A. Transfers of Receivables reported as Sales None
 - B. Transfer and Servicing of Financial Assets None
 - C. Wash Sales None

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

- A. ASO Plans None
- B. ASC Plans None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract None

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS – None

20. FAIR VALUE MEASUREMENTS

- A. Assets and liabilities that are measured at fair value on a recurring basis in periods subsequent to initial recognition
 - (1) Assets measured at fair value on a recurring basis

(1)	(2)	(3)	(4)
Description	Level 1	Level 2	Level 3
a. Assets at fair value			
Cash & short-term investments	\$1,589,737	\$0	\$0
U.S. treasury notes &			
federal agencies	143,914	0	0
Other bonds	0	0	0
Common stock	0	0	0
Preferred stock	0	0	0
Total assets at fair value	\$1,733,651	\$0	\$0
b. Liabilities at fair value	\$0	\$0	\$0

(2) Assets measured at fair value on a recurring basis using significant observable inputs Level 3 - None

В.

(1) Assets measured at fair value on a nonrecurring basis - None

21. OTHER ITEMS

- A. Extraordinary Items None
- B. Troubled Debt Restructuring: Debtors None
- C. Other Disclosures
 - (1) The Company elected to use rounding in reporting amounts in this statement. Certain pages of this Annual Statement were prepared by a process which cannot print (+) symbols and (-) symbols, therefore, it is indicated by a bracket around the number, e.g. (45,678) and (+) symbol is intended when there is no bracket.
- D. Premiums Receivable None
- E. Business Interruption Insurance Recoveries None
- F. State Transferable Tax Credits None
- G. Subprime Mortgage Related Risk Exposure None

22. EVENTS SUBSEQUENT

The Company is not aware of any events that have occurred with respect to conditions that existed at the date of the balance sheet, nor did it have events occur subsequent to the date of the balance sheet, which would have a material effect on the financial condition of the Company.

23. REINSURANCE

A. Ceded Reinsurance Report

Section 1 – General Interrogatories: N/A

Section 2 - Ceded Reinsurance Report - Part A: N/A

Section 3 – Ceded Reinsurance Report – Part B: N/A

- B. Uncollectible Reinsurance None
- C. Commutation of Ceded Reinsurance None
- 24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION None
- 25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES None

- **26. INTERCOMPANY POOLING ARRANGEMENTS None**
- 27. STRUCTURED SETTLEMENTS None
- 28. HEALTH CARE RECEIVABLES None
- 29. PARTICIPATING POLICIES None
- 30. PREMIUM DEFICIENCY RESERVES None
- 31. RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS None
- 32. ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT TYPE LIABILITIES BY WITHDRAWAL CHARACTERISTICS None
- 33. PREMIUM & ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED None
- 34. SEPARATE ACCOUNTS None
- 35. LOSS / CLAIM ADJUSTMENT EXPENSES None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL ny System

1.1		rting entity a member of an Insurance Holding Company Syste insurer?					X] No []
1.2	such regular providing d its Model In to standard	the reporting entity register and file with its domiciliary State In atory official of the state of domicile of the principal insurer in isclosure substantially similar to the standards adopted by the Nasurance Holding Company System Regulatory Act and model re- s and disclosure requirements substantially similar to those requirements.	in the Holding (National Associa gulations pertain ired by such Act	Company System, a re ation of Insurance Comming thereto, or is the repland regulations?	gistration statement nissioners (NAIC) in porting entity subject		
1.3		lating?					
2.1	Has any ch reporting er	ange been made during the year of this statement in the charte ntity?	er, by-laws, artic	les of incorporation, or o	deed of settlement of th	e Yes [] No [X]
2.2	If yes, date	of change:					
3.1	State as of	what date the latest financial examination of the reporting entity v	was made or is l	peing made			12/31/2006
3.2	State the as	s of date that the latest financial examination report became avail be the date of the examined balance sheet and not the date the	ilable from eithe report was com	r the state of domicile or pleted or released	the reporting entity. Thi	s	12/31/2006
3.3	the reporting	what date the latest financial examination report became availabing entity. This is the release date or completion date of the examination	xamination repo	rt and not the date of t	he examination (balanc	е	02/11/2008
3.4		partment or departments? Delaware Insurance Department					
3.5		nancial statement adjustments within the latest financial examiniled with Departments?				es [] No [] NA [X]
3.6	Have all of	the recommendations within the latest financial examination repo	ort been complie	d with?	Υ	es [X] No [] NA []
4.1	combination	period covered by this statement, did any agent, broker, sales in thereof under common control (other than salaried employed abstantial part (more than 20 percent of any major line of busines)	es of the report	ing entity) receive cred			
			4.11 sale	s of new business?		. Yes [] No [X]
			4.12 rene	ewals?		Yes [] No [X]
4.2	During the affiliate, red direct prem	period covered by this statement, did any sales/service organiceive credit or commissions for or control a substantial part (moliums) of:	ization owned i ore than 20 per	n whole or in part by the cent of any major line of	ne reporting entity or a f business measured o	n n	
	anoot prom	and, or.	4.21 sale	s of new business?		. Yes [] No [X]
			4.22 rene	ewals?		Yes [] No [X]
5.1	Has the rep	orting entity been a party to a merger or consolidation during the	period covered	by this statement?		Yes [] No [X]
5.2		ide the name of the entity, NAIC company code, and state of dexist as a result of the merger or consolidation.	omicile (use two	Dietter State appreviatio	n) for any entity that ha	5	
		1 Name of Entity		2 NAIC Company Code	3 State of Domicile		
6.1		oorting entity had any Certificates of Authority, licenses or registra by any governmental entity during the reporting period?] No [X]
6.2	If yes, give	full information				-	
7.1	Does any fo	oreign (non-United States) person or entity directly or indirectly co	ontrol 10% or me	ore of the reporting entity	y?	Yes [] No [X]
7.2	If yes,	7.21 State the percentage of foreign control					0.0
		7.22 State the nationality(s) of the foreign person(s) or er its manager or attorney - in - fact and identify the typ or attorney - in - fact).	ntity(s); or if the	entity is a mutual or rec	iprocal, the nationality of	of	
		1	<u> </u>	2		1	
		Nationality		Type of Entity		-	
						_	

GENERAL INTERROGATORIES

8.1 8.2	Is the company a subsidiary of a bank holding company re If response to 8.1 is yes, please identify the name of the b		?			Yes [] No [X]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or If response to 8.3 is yes, please provide the names and lo financial regulatory services agency [i.e. the Federal Rese of Thrift Supervision (OTS), the Federal Deposit Insurance identify the affiliate's primary federal regulator.	ecations (city and state of the main office erve Board (FRB), the Office of the Com	e) of any affiliates ptroller of the Cu	regulated by rrency (OCC)	a federal the Office	Yes [] No [X]
	1	2	3	4	5	6	7
	Affiliate Name	Location (City, State)	FRB	occ	OTS	FDIC	SEC
		(3.7), 3.3.12)					
9. 10.1	What is the name and address of the independent certified. The Company received an exemption from the Delaware Has the insurer been granted any exemptions to the prohil accountant requirements as allowed in Section 7H of the Asubstantially similar state law or regulation?	Insurance Dept. bited non-audit services provided by the Annual Financial Reporting Model Regu	e certified indeper lation (Model Au	ndent public dit Rule), or		Yes [X] No []
10.2	If the response to 10.1 is yes, provide information related	-					
	Audit exemption received from Delaware Insurance Department of the audit Financial Reporting Model Regulation, or substantially sim	committee requirements as allowed in silar state law or regulation?				Yes [] No [X]
10.4	If the response to 10.3 is yes, provide information related	to this exemption:					
	Has the insurer been granted any exemptions related to the as allowed for in Section 17A of the Model Regulation, or so the response to 10.5 is yes, provide information related to	substantially similar state law or regulati		•		Yes [] No [X]
		·			V	[V] N. F	1 NIA F 3
	Has the reporting entity established an Audit Committee in If the response to 10.7 is no or n/a, please explain	n compliance with the domiciliary state in	nsurance laws?		Yes	[X] NO [J NA []
11.	What is the name, address and affiliation (officer/empl consulting firm) of the individual providing the statement of the Company received an exemption from the Delaware	f actuarial opinion/certification?					
12.1	Does the reporting entity own any securities of a real estat	te holding company or otherwise hold re 12.11 Name of	real estate holdir	ng company			
			of parcels involve k/adjusted carryi				
12.2	If yes, provide explanation	12.13 Total 500	waujusteu carryi	rig value	Ψ		0
	FOR UNITED STATES BRANCHES OF ALIEN REPORTI	ING ENTITIES ONLY:	a tructa as of the				
13.1	What changes have been made during the year in the Uni	ited States manager or the United State	s trustees of the	reporting entil	y?		
13.2 13.3	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind	e reporting entity through its United Stat dentures during the year?	es Branch on ris	ks wherever lo	ocated?	Yes [Yes [] No []
13.2 13.3 13.4	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, principal performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical	e reporting entity through its United Stat dentures during the year? e approved the changes? cipal financial officer, principal accour t to a code of ethics, which includes the	es Branch on ris	ks wherever lo	ocated?	Yes [] No []] NA []
13.2 13.3 13.4	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules	e reporting entity through its United Stat dentures during the year?	es Branch on ris	ks wherever keeps controller, or rds?	ocated?	Yes [[] No [] No []] NA []
13.2 13.3 13.4 14.1	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose	e reporting entity through its United Stat dentures during the year?	es Branch on ris	ks wherever keeps controller, or rds?	ocated?	Yes [[] No [] No []] NA []
13.2 13.3 13.4 14.1	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain:	e reporting entity through its United Stat dentures during the year?	nting officer or of following standacts of interest be e filed by the report of the code; and	ks wherever locontroller, or rds?etween personanting entity;	ocated? Yes persons nal and	Yes [[] No [Yes [X] No []] NA []] No []
13.2 13.3 13.4 14.1 14.11	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain:	e reporting entity through its United Stat dentures during the year?	nting officer or of following standacts of interest be e filed by the report of the code; and	ks wherever locontroller, or rds?etween personanting entity;	ocated? Yes persons nal and	Yes [[] No [] No []] NA []] No []
13.2 13.3 13.4 14.1 14.11 14.2 14.21	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain:	e reporting entity through its United State dentures during the year?	es Branch on ris	ks wherever locontroller, or rds?etween personanting entity;	ocated? Yes persons nal and	Yes [[] No [Yes [X Yes [X] No []] NA []] No []
13.2 13.3 13.4 14.1 14.11 14.2 14.21	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain: Has the code of ethics for senior managers been amended If the response to 14.2 is yes, provide information related to See note page 20.4 below Have any provisions of the code of ethics been waived for	e reporting entity through its United State dentures during the year?	nting officer or of following standacts of interest be e filed by the report of the code; and	ks wherever locontroller, or rds?etween personanting entity;	ocated? Yes persons nal and	Yes [[] No [Yes [X Yes [X] No []] No []] No []
13.2 13.3 13.4 14.1 14.11 14.2 14.21	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, prin performing similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain: Has the code of ethics for senior managers been amended If the response to 14.2 is yes, provide information related to See note page 20.4 below Have any provisions of the code of ethics been waived for	e reporting entity through its United State dentures during the year?	es Branch on ris	ks wherever k	cocated? Yes persons nal and	Yes [[] No [Yes [X Yes [X] No []] No []] No []
13.2 13.3 13.4 14.1 14.21 14.21 14.3 15.	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, princerforming similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain: Has the code of ethics for senior managers been amended if the response to 14.2 is yes, provide information related to See note page 20.4 below Have any provisions of the code of ethics been waived for If the response to 14.3 is yes, provide the nature of any was also the purchase or sale of all investments of the reporting the purchase or sale of all investments of the reporting the purchase or sale of all investments of the reporting the purchase or sale of all investments of the reporting the purchase or sale of all investments of the reporting the code of the reporting the purchase or sale of all investments of the reporting the purchase or sale of all investments of the reporting the code of the reporting the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase or sale of all investments of the reporting the code of the purchase of the purchase of the purchase or sale of all investments of the reporting the code of the purchase of the pu	e reporting entity through its United State dentures during the year?	nting officer or of following standacts of interest be efiled by the report of the code; and the code; and the code; and the code of directors of directors and a following standard of the code of the co	ks wherever k	pocated? Yes persons nal and te committee	Yes [[] No [Yes [X Yes [X] No []] No []] No []] No [X]
13.2 13.3 13.4 14.1 14.21 14.21 14.3 15.	Does this statement contain all business transacted for the Have there been any changes made to any of the trust ind If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, princerforming similar functions) of the reporting entity subject Honest and ethical conduct, including the ethical a. professional relationships; b. Full, fair, accurate, timely and understandable disclose. Compliance with applicable governmental laws, rules d. The prompt internal reporting of violations to an approximate. Accountability for adherence to the code. If the response to 14.1 is no, please explain: Has the code of ethics for senior managers been amended if the response to 14.2 is yes, provide information related to See note page 20.4 below Have any provisions of the code of ethics been waived for If the response to 14.3 is yes, provide the nature of any was also the purchase or sale of all investments of the reporting thereof?	e reporting entity through its United State dentures during the year?	nting officer or of following standacts of interest be e filed by the report of the code; and of directors of directors and a sees of any matter is likely to conflict.	ks wherever k	pocated? Yes persons nal and te committee a committees affiliation on cial duties of	Yes [Yes [X Yes [X Yes [X Yes [X Yes [X] No []] No []] No []] No [X]

GENERAL INTERROGATORIES

FINANCIAL

18.	Has this statement been prepared using a basis of accounting other th Accounting Principles)?					Yes [1 1	lo [X]
19.1	Total amount loaned during the year (inclusive of Separate Accounts,			19.11 To directors or other officers.			•	
				19.12 To stockholders not officers	\$			0
				19.13 Trustees, supreme or grand (Fraternal only)				0
19.2	Total amount of loans outstanding at end of year (inclusive of Separate	e Accounts, e	clusive of	(
	policy loans):			19.21 To directors or other officers				
				19.22 To stockholders not officers19.23 Trustees, supreme or grand				
				(Fraternal only)	\$			0
20.1	Were any assets reported in this statement subject to a contractual ob obligation being reported in the statement?	ligation to trai	nsfer to anoth	er party without the liability for such		Yes [] N	lo [X]
20.2	If yes, state the amount thereof at December 31 of the current year:			rom others			-	
				d from others				
				rom others				
21 1	Does this statement include payments for assessments as described i			structions other than quaranty fund or				0
21.1	guaranty association assessments?						•	
21.2	If answer is yes:			paid as losses or risk adjustment				
				paid as expenses nounts paid				
22.1	Does the reporting entity report any amounts due from parent, subsidia							
	If yes, indicate any amounts receivable from parent included in the Page							
		INVESTM						
	'	INVESTIV	EIN I					
23.1	Were all the stocks, bonds and other securities owned December 31 of the actual possession of the reporting entity on said date? (other than					Yes [X	1 N	1 1 0
23.2	If no, give full and complete information, relating thereto	securilles len	ang program	s addressed iii 23.3)		169 [A	j iv	0[]
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
23.3	For security lending programs, provide a description of the program whether collateral is carried on or off-balance sheet. (an alternative				and			
	N/A	e is to reference	e note 17 wn	iere triis information is also provided)				
23.4	Does the company's security lending program meet the requirements to	for a conformi	ng program a	s outlined in the Risk-Based Capital				
00.5	Instructions?							
	If answer to 23.4 is yes, report amount of collateral for conforming proof. If answer to 23.4 is no, report amount of collateral for other programs.							
	Does the company's security lending program require 102% (domestic	securities) a	nd 105% (fore	eign securities) from the counterparty a	t			
	the outset of the contract?							
	Does the reporting entity non-admit when the collateral received from to Does the reporting entity or the reporting entity's securities lending age				res [] NO [J N	IA [X]
	conduct securities lending?] No [] N	IA [X]
24.1	Were any of the stocks, bonds or other assets of the reporting entity or control of the reporting entity or has the reporting entity sold or transfe force? (Exclude securities subject to Interrogatory 20.1 and 23.3)	rred any asse	ts subject to a	a put option contract that is currently in		Yes [1 1	lo [X]
24.2	If yes, state the amount thereof at December 31 of the current year:	24.21		purchase agreements				0
		24.22		everse repurchase agreements				
		24.23		ollar repurchase agreements				
		24.24	•	everse dollar repurchase agreements				
		24.25 24.26		collateralr option agreements				
		24.27		or securities restricted as to sale				
		24.28	On deposit w	vith state or other regulatory body	\$			0
		24.29	Other		\$			0
24.3	For category (24.27) provide the following:							
1	1			2		3		ח
	Nature of Restriction			Description		Amount		
,								
25.1	Does the reporting entity have any hedging transactions reported on S	chedule DB?				Yes [] [No [X]
25.2	If yes, has a comprehensive description of the hedging program been] No [11	VA [X]
	If no, attach a description with this statement.	S G. Gildb		<i>y</i>		, [1 '	. ["]
26.1	Were any preferred stocks or bonds owned as of December 31 of the					Ves f	1 '	lo I V 1
26.2	the issuer, convertible into equity?						,	No[X]
۷٠.۷	in you, state the amount thereof at December 31 of the Current year				ψ			0

GENERAL INTERROGATORIES

27.	entity's pursuar Conside	ng items in Schedule E-Part 3-Specioffices, vaults or safety deposit boxent to a custodial agreement with a querations, F. Outsourcing of Critical Fuok?	es, were all sto alified bank o unctions, Cus	ocks, bonds and other s r trust company in acco todial or Safekeeping a	securities, own ordance with S greements of	ned throughout to Section 1, III – G the NAIC <i>Financ</i>	the current year held Seneral Examination cial Condition Examiners	Yes [X] No [
27.01	For agr	eements that comply with the require	ements of the	NAIC Financial Condition	on Examiners H	landbook, compl	lete the following:	
		Nan	1 ne of Custodia	an(s)		2 Custodian'		
		US Bank				treet, Suite 2	2000 Philadelphia, PA	
27.02		agreements that do not comply with to and a complete explanation:	he requireme	nts of the NAIC Financi	al Condition E.	xaminers Handbo	pok, provide the name,	
		1 Name(s)		2 Locatio	n(s)		3 Complete Explanation(s)	
27.03 27.04	Have th	nere been any changes, including nar give full and complete information rela	me changes, ating thereto:	in the custodian(s) iden	tified in 27.01	during the curre	ent year?	Yes [] No [X
		1		2		3 Date of	4	
	F	Old Custodian		New Custodian		Change	Reason	
27.05		all investment advisors, brokers/deats, handle securities and have author	rity to make ir		the reporting		cess to the investment 3 Address	
	Exchan	Learning entity have any diversifient reporting entity have any diversifient reporting entity have any diversifient reporting entity in the following schedule:			5 (b) (1)])?			Yes [] No [X
		CUSIP#		Name of M			Book/Adjusted Ca	rrying Value
28.29	99 TOT	ΓAL	I					0
28.3	For eac	ch mutual fund listed in the table above	ve, complete t	he following schedule:				
		1 Name of Mutual Fund (from above table)		2 Significant Holding ne Mutual Fund	Book/Ad	3 unt of Mutual Fu djusted Carrying utable to the Ho	g Value	luation

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
29.1 Bonds	1,733,115	1,733,720	605
29.2 Preferred Stocks	0	0	0
29.3 Totals	1,733,115	1,733,720	605

29.4	Describe the sources or methods utilized in determining the fair values:				
	FT Interactive Systems.				
30.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?		Yes [X]	No []
30.2	If the answer to 30.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard of for all brokers or custodians used as a pricing source?	copy or electronic copy)	Yes [X]	No []
30.3	If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purpovalue for Schedule D:	ses of disclosure of fair			
	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been follows:	llowed?	Yes [X]	No []
31.2	If no, list exceptions:				
	OTHER				
32.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$			0
32.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payr associations, service organizations and statistical or rating bureaus during the period covered by this statement.	ments to trade			
	1 Name	2 Amount Paid			
	rante	7tinoditi ala			
33.1	Amount of payments for legal expenses, if any?	\$			0
33.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for the period covered by this statement.	r legal expenses during			
	1	2			
	Name	Amount Paid			
34.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of	government, if any?\$			0
34.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment exp connection with matters before legislative bodies, officers or departments of government during the period covered by				
	1	2			
	Name	Amount Paid			
	I				

Interrogatory #14.21 - A new section entitled "Personal Conduct." This section collects content from various Corporate Administrative Policies into a single point of reference, and lists behaviors prohibited within the IBC Family of Companies. Examples that describe appropriate and inappropriate associate behavior have been added to the "Conflict of Interest," "Gifts, Entertainment, and Honorarium," "Accuracy of Books, Records, and Documents," and "Confidential and Proprietary Information" sections. Minor modifications were made to the "Fraud and Abuse" section that clarify our compliance with CMS requirements for Medicare Part D sponsors.

Interrogatory #15 - The Board of Directors set policies and procedures. In the ordinary course of business, the daily purchase or sale of publicly traded securities are carried out according to the investment policy by the CFO, who reports regularly to the Board for ratification. Material investments and acquisitions in privately held concerns are voted on in advance by the Board.

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

1.1		• •	n force?		Yes [] No [X]
1.2	If yes, indicate premium earned on U. S. busin	ess only		\$	0
1.3			rance Experience Exhibit?		
1.4	Indicate amount of earned premium attributable	e to Canadian and/or Other A	lien not included in Item (1.2) above.	. \$	0
1.5					
1.6	Individual policies:				
	•		Most current three years:		
			1.61 Total premium earned	\$	0
			1.62 Total incurred claims		
			1.63 Number of covered lives	•	
					0
			All years prior to most current three years:	•	0
			1.64 Total premium earned		
			1.65 Total incurred claims		
			1.66 Number of covered lives		0
1.7	Group policies:				
			Most current three years:		
			1.71 Total premium earned		
			1.72 Total incurred claims	\$	0
			1.73 Number of covered lives		0
			All years prior to most current three years:		
			1.74 Total premium earned	\$	0
			1.75 Total incurred claims		
			1.76 Number of covered lives		
2.	Health Test:				
			1 2		
			Current Year Prior Year		
	2.1	Premium Numerator	\$ 0 \$	0	
	2.2	Premium Denominator	\$ 0 \$.0	
	0.0	Premium Ratio	0.000	20	
	2.3	(2.1/2.2)	0.0000.00		
	2.4	Reserve Numerator	\$0 \$		
	2.5	Reserve Denominator	\$ 0 \$	0	
	2.6	Reserve Ratio (2.4/2.5)	0.000	10	
	2.0	(2.4/2.3)		10	
2.4	Dana dhi a ann andin a andin a barra Caranada Anna				Voc I 1 No I V 1
3.1					Yes [] No [X]
3.2					
3.3	What portion of capital and surplus funds of the distributable from the Separate Accounts to	e reporting entity covered by a the general account for use l	assets in the Separate Accounts statement, is not currently by the general account?	\$	0
3.4			2, ale general access.		
0. 1	otate the authority under which departue 7,000	unto are maintained			
3.5	Was any of the reporting entity's Separate Acc	ounte husiness reinsured as a	of December 31?		Yes [] No [X]
	, , , ,				
3.6	, , , ,		siness as of December 31?		res [] NO [x]
3.7	Separate Accounts reserve expense allow	ccounts business, now much wances is included as a ne	, if any, reinsurance assumed receivable for reinsurance of gative amount in the liability for "Transfers to Separate		
			game amount in the nation, for manager to Coparate		0
4.1	Are personnel or facilities of this reporting enti	ty used by another entity or e	entities or are personnel or facilities of another entity or ent	ities	
			on of jointly underwritten group contracts and joint mortalit		Yes [X] No []
4.0					163 [N] NO []
4.2	Net reimbursement of such expenses between	reporting entities:	404 B. H	•	0
			4.21 Paid:		
_			4.22 Received:		
5.1					
5.2	If yes, what amount pertaining to these items is	s included in:	5.21 Page 3, Line 1	\$	0
			5.22 Page 4, Line 1	\$	0
6.	For stock reporting entities only:				
6.1	Total amount paid in by stockholders as surplu	s funds since organization of	the reporting entity:	\$	1,850,000
7.	Total dividends paid stockholders since organization	zation of the reporting entity:	7.11 Cash		
			7.12 Stock	\$	0

GENERAL INTERROGATORIES

8.1	Does the co	mpany reinsure any Wor	kers' Compensation	Carve-Out busines	ss defined as:					Yes [1	No	[X]
		Reinsurance (includi	ng retrocessional re pational illness and a	einsurance) assume	ed by life and h	ealth insurers	of medical,	wage loss and	d death		. ,		[]
8.2	If yes, has th	ne reporting entity comple	eted the Workers Co	mpensation Carve	-Out Supplemen	t to the Annual	Statement)		Yes [1	No	[]
8.3	8.31 and 8.34 for Column 1 are: Attachment Earned Claim Liability And Reserve 8.41 <\$25,000												
						0		•					
				F	Reinsurance	Reinsura		Net					
	8.31												
	8.32												
	8.33												
	8.34												
	8.35	Incurred claims				0	0		0				
8.4		34 for Column 1 are: Attachr	nent	Ea	1 arned	istribution of th	2 Claim Liab	bility	es				
				_									
		. , , ,							_				
	8.45	\$1,000,000 or	more			.0			.0				
8.5	What portion	of earned premium repo	urted in 8.31. Column	n 1 was assumed fr	om nools?				\$				
9.1										Yes [
0.0	K O 4 in		hla fan an ah tuma af										
9.2	if 9.1 is yes,	complete the following ta	ble for each type of	guaranteed benefit									
		Туре	3	4	5	6		7	8			9	
			Waiting Period	Account Value	Total Related	Gross Am	ount I	ocation of	Portior		Pο	ineur	ance
									Reinsur				Credit
	the result of	the purchase of an annui	ty from the reporting	entity only:					·	e claim	_		
			•	•									
10.2	List the name	e and location of the mod		onasing the armatic	Jo and the state	nont value on t		c date or the a	-				
			P&C Insurance		cation		e on Purcha						
									_				
	1 Statement Value on Purchase Date of Annuities (i.e. Present Value)												
	-		=							Yes	[J N	o [X]
11.4	If ves. pleas	e provide the balance of	the funds administer	red as of the report	ing date				\$				0

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	1 2010	2 2009	3 2008	4 2007	5 2006
Life Insurance in Force					
(Exhibit of Life Insurance)					
Ordinary - whole life and endowment (Line 34, Col. 4)	0	0	0	0	0
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col.					
4)	0	0	0	0	0
3. Credit life (Line 21, Col. 6)	0	0	0	0	Δ
Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	0	0	0	0	0
5. Industrial (Line 21, Col. 2)		0	0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
7. Total (Line 21, Col. 10)	0	0	0	0	0
New Business Issued					
(Exhibit of Life Insurance)					
Ordinary - whole life and endowment (Line 34, Col. 2)	0	0	0	0	0
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)					
40.0 19.17 (1) 0.0 1.0	0	0	0	0	0
 Credit life (Line 2, Col. 6) Group (Line 2, Col. 9) 		U	U	U	D
12. Industrial (Line 2, Col. 2)	_	0	0	0	0
13. Total (Line 2, Col. 10)		0	0	0	0
Premium Income - Lines of Business					
(Exhibit 1 – Part 1)					
14. Industrial life (Line 20.4, Col. 2)		0	0	0	0
15.1 Ordinary life insurance (Line 20.4, Col. 3)		0	0	0	0
15.2 Ordinary individual annuities (Line 20.4, Col. 4)	0	0	0	0	0
16. Credit life, (group and individual) (Line 20.4, Col. 5)	0	0	0	0	0
17.1 Group life insurance (Line 20.4, Col. 6)	0	0	0	0	0
17.2 Group annuities (Line 20.4, Col. 7)		0	0	0	0
18.1 A & H-group (Line 20.4, Col. 8)	0	0	0	0	0
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0	0	0	0
18.3A & H-other (Line 20.4, Col. 10)		0	0	0	0
19. Aggregate of all other lines of business (Line					
20.4,Col. 11)	0	0	0	0	0
20. Total	0	0	0	0	0
Balance Sheet					
(Pages 2 and 3) 21. Total admitted assets excluding Separate Accounts					
business (Page 2, Line 26, Col. 3)	1,734,583	1,739,035	1,742,592	1,721,371	1 ,675 ,447
22. Total liabilities excluding Separate Accounts	704	200	205	3,170	2 000
business (Page 3, Line 26)					· ·
24. Aggregate A & H reserves (Page 3, Line 2)	0	0	0	0	
25. Deposit-type contract funds (Page 3, Line 3)	0	0	0	0	
26. Asset valuation reserve (Page 3, Line 24.01)	0	0	0	0	0
27. Capital (Page 3, Lines 29 & 30)	350,000	350,000	350,000	350,000	350,000
28. Surplus (Page 3, Line 37)	1,383,879	1,388,735	1,392,287	1,368,201	1,322,447
Cash Flow (Page 5)	(5.404)	(2, 550)	00.440	45.044	50,000
29. Net cash from operations (Line 11)	(5,104)	(3,552)	22 , 140	45,341	59,880
Risk-Based Capital Analysis 30. Total adjusted capital	1 733 870	1 738 735	1 742 287	1 718 201	1 672 <i>41</i> 7
Total adjusted capital				0	
Percentage Distribution of Cash, Cash		'			,
Equivalents and Invested Assets					
(Page 2, Col. 3) (Line No. / Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)				0.0	0.0
33. Stocks (Lines 2.1 and 2.2)	0.0	0.0	0.0	0.0	0.0
34. Mortgage loans on real estate (Lines 3.1 and 3.2) $_{\rm}$			0.0	0.0	
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0	0.0	0.0	0.0	0.0
Cash, cash equivalents and short - term investments (Line 5)	91.7	100.0	100.0	100.0	100 0
37. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
38. Derivatives (Page 2, Line 7)	0	XXX	XXX	xxx	xxx
39. Other invested assets (Line 8)	0.0	0	0	0	0
40. Receivables for securities (Line 9)	0.0	0	0	0	0
41. Securities lending reinvested collateral assets (Line 10)	n	xxx	xxx	xxx	xxx
42. Aggregate write-ins for invested assets (Line 11)			0	0	0
43. Cash, cash equivalents and invested assets (Line				Ů	
12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(Continued) 2 2009 2010 . 2007 2006 Investments in Parent, Subsidiaries and <u>Affiliates</u> Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .0 0 Affiliated preferred stocks (Sch. D Summary, Line 45. 0 0 0 18, Col. 1) 0 0 46. Affiliated common stocks (Sch. D Summary, Line 0 0 0 0 0 24, Col. 1) .. Affiliated short-term investments (subtotal included 0 0 in Schedule DA, Verification, Col. 5, Line 10) ٥. 0 0 48. Affiliated mortgage loans on real estate 0. _0 49. All other affiliated 0 0 0 0 0 50. Total of above Lines 44 to 49 0 N n 0 0 **Total Nonadmitted and Admitted Assets** Total nonadmitted assets (Page 2, Line 28, Col. 2) n Total admitted assets (Page 2, Line 28, Col. 3) .1,734,583 .1,739,035 1,742,592 .1,721,371 .1,675,447 **Investment Data** Net investment income (Exhibit of Net Investment 2,046 4,895 41.565 .75.414 .77.250 Income) Realized capital gains (losses) ٥. ٥. _0 _0 ..0 55. Unrealized capital gains (losses) 0 0 0 0 0 Total of above Lines 53, 54 and 55 2 046 4 895 41 565 75 414 77 250 Benefits and Reserve Increase (Page 6) Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14, 57. 0 0 and 15, Cols. 9, 10 and 11)... 0 0 0 58. Total contract benefits - A & H (Lines 13 & 14, Cols _0 0 0 0 0 9, 10 & 11) Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3) ۵. .0 0 0 _0 Increase in A & H reserves (Line 19, Cols. 9, 10 & 60. 0 0 0 0 0 61. Dividends to policyholders (Line 30, Col. 1) 0 0 0 0 0 Operating Percentages Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/ (Page 6, Col.1, Line 1 0 0 0 0 0 0 0 0 plus Exhibit 7, Col. 2, Line 2) x 100.00 0 0 Lapse percent (ordinary only). [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00 0.0 0 0 0 0 0 0 0.0 A & H loss percent (Schedule H, Part 1, Lines 5 & 0.0 0.0 0.0 0.0 0.0 6, Col. 2) . A & H cost containment percent (Schedule H, Part 0.0 0.0 .0.0 0.0 0.0 1, Line 4, Col. 2) . A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2) ... 66. 0.0 0.0 0.0 0.0 0.0 A & H Claim Reserve Adequacy Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2) 0 0 0 _0 .0 Prior years' claim liability and reserve - group health 68. (Sch. H, Part 3, Line 3.2 Col. 2). 0 0 0 0 0 Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less 0 0 0 0 0 Col. 2) 70. Prior years' claim liability and reserve-health other n group (Sch. H, Part 3, Line 3.2 Col. 1 less .0 0 0 0 .0 Col. 2) Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33) 71. Industrial life (Col. 2) 0 ۵. 0 ۵. 72. Ordinary - life (Col. 3) . ۵. Q. 73. Ordinary - individual annuities (Col. 4) 0 0 0 74. Ordinary-supplementary contracts (Col. 5) .0 .0 0 0 .0 75. Credit life (Col. 6) .0 ٥. 0 0 .0 0 0 0 0 0 76. Group life (Col. 7) 0 77. Group annuities (Col. 8) ۵. ۵. 0 _0 .0 .0 0 0 .0 78. A & H-group (Col. 9) 0 0 79. A & H-credit (Col. 10) 0 0 0 45.754 80. A & H-other (Col. 11) (4.856)(3.552)24.086 49.253 81. Aggregate of all other lines of business (Col. 12) (4,856)(3,552)24,086 45,754 49,253

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

Yes [] No []

If no, please explain



DIRECT BUSINESS IN THE STATE OF DURING THE YEAR 2010 LIFE INSURANCE

NAIC Group Code 0936		INSUNAINC	<i>,</i>	NAIC Company	y Code 60254
	1	2	3	4	5
DIRECT PREMIUMS		Credit Life (Group			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	0	0	0	0	0
Annuity considerations	0	0	0	0	0
Deposit-type contract funds	0	ХХХ	0	XXX	0
Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1.Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium-paying period		0	0	0	0
6.4.Other		0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3.Other	0	0	0	0	0
7.4.Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments		0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	Or	dinary		edit Life nd Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	(
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	(
Settled during current										
year:										
18.1By payment in full	0	0	0	0	0	0	0	0	0	(
18.2By payment on										
compromised claims	0	0			0	0	0	0	0	(
18.3.Totals paid		0	0		5	0	0	0	0	(
18.4Reduction by										
compromise	0	0	_ 0	0	0	0	0	0	0	(
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	(
18.6.Total settlements		0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current										
year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	(
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	(
21. Issued during year		0	0	0	0	0	0	0	0	(
22. Other changes to in										
force (Net)	0	0	0	0	0	0	0	0	0	(
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	(
a) Includes Individual Credit L	ife Insurance	e: prior year \$		0 cui	rent year \$		0			
Includes Group Credit Life	Insurance: L	oans less than o	r equal to 60	months at issue,			0 curr	ent year \$		0
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid Or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24 1 Endoral Employees Health Ronofits Program promium (b)	0		0	0	0
24.2 Credit (Group and Individual)	·····		0	0	0
24.3 Collectively renewable policies (b)			0	0	0
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

Exhibit of Life Insurance

NONE

Exhibit of Life Insurance - Part 2

NONE

Exhibit of Life Insurance - Part 3

NONE

Exhibit of Life Insurance - Part 4

NONE

Exhibit of Life Insurance - Part 5

NONE

Exhibit of Life Insurance - Part 6

NONE

Exhibit of Life Insurance - Part 7

NONE

Policies with Disability Provisions

NONE

Supplementary Contracts

NONE

Annuities

NONE

Accident and Health Insurance

NONE

Deposit Funds/Dividend Accumulations

NONE

Interest Maintenance Reserve

NONE

Interest Maintenance Reserve - Amort

NONE

Asset Valuation Reserve

NONE

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ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

				PLIAG		CITEIAI						
			1	2	3	4	Basic	Contribution	Rese	rve Objective	Maxir	num Reserve
							5	6	7	8	9	10
Line						Balance for AVR						
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation		Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		LONG-TERM BONDS										
1		Exempt Obligations	0	XXX	XXX	0	0.000	0	0.000	0	0.000	0
2	1	Highest Quality	143,914	ХХХ	XXX	143,914	0 . 0004	58	0.0023	331	0.0030	432
3	2	High Quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium Quality	0	XXX	XXX	Ω	0 . 0093	0	0.0230	0	0.0340	Q
5	4	Low Quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower Quality	0	XXX	ХХХ	0	0.0432	0	0 . 1100	0	0.1700	0
7	6	In or Near Default	0	XXX	XXX	0	0.000	0	0.2000	0	0.2000	0
8		Total Unrated Multi-Class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net										
		Admitted Asset)	143,914	XXX	XXX	143,914	XXX	58	XXX	331	XXX	432
		PREFERRED STOCK										
10	1	Highest Quality	0	XXX	XXX	0	0.004	0	0.0023	0	0.0030	0
11	2	High Quality	0	XXX	XXX	0	0.019	0	0.0058	0	0.0090	0
12	3	Medium Quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality	0	XXX	XXX	0	0.0213	0	0 . 0530	0	0.0750	0
14	5	Lower Quality	0	XXX	XXX	0	0.0432	0	0 . 1100	0	0.1700	0
15	6	In or Near Default	0	XXX	XXX	0	0.000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 thru 16) (Page 2, Line										
		2.1, Net Admitted Asset)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt Obligations	0	XXX	XXX	0	0.000	0	0.000	0	0.000	0
19	1	Highest Quality	0	XXX	XXX	0	0.004	0	0.0023	0	0.0030	0
20	2	High Quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality	0	XXX	XXX	0	0.0213	0	0 . 0530	0	0.0750	0
23	5	Lower Quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-term Bonds (Sum of lines 18 thru 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **DEFAULT COMPONENT**

			1	2	3	4	Basic	Contribution	Rese	rve Objective	Maxim	num Reserve
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
DCI	Designation	DERIVATIVE INSTRUMENTS	Ourrying value	Tarty Encumbrances	Litearribianees	(0013. 11210)	1 40101	(0013. 470)	1 40101	(0013. 47/1)	1 40101	(0013. 470)
26		Exchange Traded	Λ	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27		Highest Quality		XXX	XXX	1	0.0004	 0	0.0023	 N	0.0030	ں ۱
28		High Quality		XXX	XXX	1	0.019	 0	0.0028	 N	0.0090	 N
29	3	Medium Quality		XXX	XXX	1	0.0093	 0	0.0230		0.0340	 N
30	4	Low Quality		XXX	XXX	0	0.0213		0.0530		0.0750	 0
31	5	Lower Quality	0	XXX	XXX	0	0.0432	0	0 . 1100	0	0.1700	 0
32		In or Near Default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33	J	Total Derivative Instruments	0	XXX	XXX	n	XXX	0	XXX	0	XXX	<u> </u>
34		TOTAL (Line 9 + 17 + 25 + 33)	143.914	XXX	XXX	143.914	XXX	58	XXX	331	XXX	432
- 5-		MORTGAGE LOANS	140,014	AAA	λλλ	170,011	λλλ		AAA	301	AAA	702
35 36 37 38 39 40		In Good Standing: Farm Mortgages Residential Mortgages - Insured or Guaranteed Residential Mortgages - All Other Commercial Mortgages - Insured or Guaranteed Commercial Mortgages - All Other In Good Standing With Restructured Terms		0 0 0 0 0 0 0	XXX XXX XXX XXX XXX XXX XXX		0 .0063 (a) 		0.0120 ^(a) 0.00060.00300.00060.0120 ^(a) 0.6200 ^(b)		0.0190 (a) 0.0010 0.0040 0.0100 (a) 0.0190 (a) 1.0000 (b)	0 0 0 0 0
		Overdue, Not in Process:										_
41		Farm Mortgages	0	0	XXX	1 0	0.0420	0	0.0760	0	0.1200	0
42		Residential Mortgages - Insured of Guaranteed	0	0	XXX	<u></u>	0 .0005 .	0	0.0012	0	0.0020	0
43		Residential Mortgages - All Other	0	0	XXX	<u></u>	0.0025	0	0.0058	0	0.0090	0
44		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	L	0.005	0	0.0012	0	0.0020 0.1200	0
45		Commercial Mortgages - All Other	0	0	XXX	J	0.0420		0.0760	U		0
46		Farm Mortgages	0	0	XXX	0	0.000	0	0 . 1700	0	0 . 1700 .	0
47		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.000 .	0	0.0040	0	0.0040	0
48		Residential Mortgages - All Other	0	0	XXX	0	0.000	0	0.0130	0	0.0130	0
49		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.000	0	0.0040	0	0.0040	0
50		Commercial Mortgages - All Other	0	0	XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B Mortgages (Sum of Lines 35 thru 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Total Schedule DA Mortgages	0	0	XXX	0	0.0000 ^(c)	0	0.0000 ^(c)	0	0.0000 ^(c)	0
53		Total Mortgage Loans on Real Estate (Line 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

⁽a) Times the Company's Experience Adjustment Factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

AVR - Equity Component NONE

Asset Valuation Reserve RSA NONE

Schedule F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

														Other Individua	I Contracts				
		Total	I	Group Accid Healt		Credit Accid Healtl (Group and Ir	h	Collectively R	enewable	Non-Cance	elable	Guaranteed R	enewable	Non-Renew Stated Reason		Other Accide	ent Only	All Oth	ner
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
		Alliount	70	7 tilloditi	70	Amount	,,,			TING OPERATION	,,	7 iiii Gairt	70	Amount	70	7 illiount	70	7 tirioditi	70
1.	Premiums written	0	XXX	0	XXX	0	XXX	0	ХХХ	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2.	Premiums earned	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	ХХХ
3.	Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	n	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		0.0
8.	Other general insurance expenses	8,852	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8,852	0.0
9.	Taxes, licenses and fees	1,050	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1,050	0.0
10.	Total other expenses incurred	9,902	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	9,902	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(9,902)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(9,902)	0.0
13.	Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14.	Gain from underwriting after dividends or refunds	(9,902)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(9,902)	0.0
	DETAILS OF WRITE-INS																		
1101.		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1102.		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1103.		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 1

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

	Restatement of Balance Sheet to Identify Net Cro	eait For Ceded Reinsurance	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,733,651	0	1 ,733 ,651
2.	Reinsurance (Line 16)	0	0	0
3.	Premiums and considerations (Line 15)	0	0	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (balance)	932	0	932
6.	Total assets excluding Separate Accounts (Line 26)	1,734,583	0	1 ,734 ,583
7.	Separate Account assets (Line 27)	0	0	0
8.	Total assets (Line 28)	1,734,583	0	1,734,583
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	0	0	0
10.	Liability for deposit-type contracts (Line 3)	0	0	0
11.	Claim reserves (Line 4)	0	0	0
12.	Policyholder dividends/reserves (Lines 5 through 7)	0	0	0
13.	Premium & annuity considerations received in advance (Line 8)	0	0	
14.	Other contract liabilities (Line 9)	0	0	
15.	Reinsurance in unauthorized companies (Line 24.2)	0	0	
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	0	0	0
17.	All other liabilities (balance)	704	0	704
18.	Total liabilities excluding Separate Accounts (Line 26)	704	0	704
19.	Separate Account liabilities (Line 27)	0	0	0
20.	Total liabilities (Line 28)	704	0	704
21.	Capital & surplus (Line 38)	1,733,879	XXX	1,733,879
22.	Total liabilities, capital & surplus (Line 39)	1,734,583	0	1,734,583
	NET CREDIT FOR CEDED REINSURANCE			
23.	Contract reserves	0		
24.	Claim reserves	0		
25.	Policyholder dividends/reserves	0		
26.	Premium & annuity considerations received in advance	0		
27.	Liability for deposit-type contracts.	0		
28.	Other contract liabilities	0		
29.	Reinsurance ceded assets	0		
30.	Other ceded reinsurance recoverables	0		
31.	Total ceded reinsurance recoverables	0		
32.	Premiums and considerations	0		
33.	Reinsurance in unauthorized companies	0		
34.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
35.	Other ceded reinsurance payables/offsets	0		
	Total ceded reinsurance payable/offsets			
	. ,			

37. Total net credit for ceded reinsurance

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories Life Contracts nsurance Premiums Including Policy, Membership and Total Active Life Insurance Annuity Other Columns Deposit-Type States, Etc. Premiums Considerations Other Fees Considerations Through 5 Contracts Status 1. Alabama ΑI Alaska ΑK 3. Arizona Α7 C 0 0 (0 Arkansas AR .0 .0 .0 .0 5. California 6. Colorado CO ... ۵. .(.0 Connecticut СТ 8. Delaware DF C 0 n District of Columbia DC ...0 .0 10. C 0 11. Georgia GΑ ... ۵. ۵. .(.0 .0 12 Hawaii ΗΙ 13. Idaho ID C 0 0 (0 Illinois IL0 15. Indiana IN C 0 16. lowa. IΑ ... ۵. .(.0 17 Kansas 18. Kentucky ΚY 0 0 0 (0 0 19. Louisiana Maine 20. ME C 0 0 (0 Marvland MD ... ۵. ۵. .(.0 .0 22 23. Michigan MI . 0 .0 .(.0 24 Minnesota 25. Mississippi MS C 0 (0 0 MO Missouri ... ۵. .(.0 27 МТ 28. Nebraska NE . 0 .0 .0 .0 .0 29 Nevada . 30. New Hampshire NH C 0 0 0 ۵. .0 New Jersey NJ(.0 32. New Mexico NM 33. New York NY . 0 .0 .0 34 35. North Dakota ND C 0 0 0 .0 0 Ohio.. ОН 37. Oklahoma OK C 0 n Λ Oregon . OR . 0 .0 ..(.0 .0 39 Pennsylvania 40. Rhode Island RΙ C 0 .0 41. South Carolina ... SC 42. South Dakota SD n n n n Tennessee ΤN0 .0 44. ТХ 45. Utah UT C 0 0 .0 .0 46. Vermont 47. Virginia . ۱/Δ C Λ n ſ Λ n Washington WA .00 49. West Virginia WW 0 50. Wisconsin WI C 0 .0 51. Wyoming 52. American Samoa AS 0 0 0 (0 0 53. Guam . GU 54. Puerto Rico PR C 0 US Virgin Islands VI 0 .0 .(.0 .0 56 Northern Mariana Islands. 57. Canada CN 0 0 0 (0 0 Aggregate Other Alien ... XXX. ОТ ... 59. Subtotal Reporting entity contributions for employee benefits plans 91. Dividends or refunds applied to purchase paid-up XXX 0 0 .O (92. endowment or premium paying period 93. Premium or annuity considerations waived under disability or other contract provisions XXX 0 0 (XXX. Aggregate other amounts not allocable by State. 95. Totals (Direct Business) XXX Λ 0 Λ ſ Λ Plus reinsurance assumed .XXX. ... Ω. .0 .0 .0 97. Totals (All Business) XXX. 98. 0.0 Less reinsurance ceded XXX 0 0 0 (0 99 Totals (All Business) less Reinsurance Ceded ХХХ DETAILS OF WRITE-INS 5801 XXX 5802 XXX . 0 ۵. (.0 .0 5803 XXX 0 0 (0 0 5898. Summary of remaining write-ins for Line 58 from 5899. XXX 0 above) 9401 9402. XXX 0 0 (0 0 9403 XXX. .0 .0 9498. Summary of remaining write-ins for Line 94 from XXX 0 0 0 XXX

itities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

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

⁽b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Line 1, indicate which:

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Allocated By States and Territories Direct Business Only								
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6	
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals	
1. Alabama	AL	0	0	0	0	0		
2. Alaska	AK	0	0	0	0	0		
3. Arizona	AZ	0	0	0	0	0		
4. Arkansas	AR	0	0	0	0	0		
5. California	CA	0	0	0				
6. Colorado	CO	0	0	0	0			
7. Connecticut	CT DE	0	0	0				
Delaware District of Columbia	DE	0	0	0				
10. Florida	FL		0	 n	0			
11. Georgia	GA		0	٠	Λ			
12. Hawaii	HI		Λ	٠	Λ	n		
13. Idaho	ID	Λ	0	Ω	0	n		
14. Illinois	II	0	0	0	0	0		
15. Indiana	IN	n	n	0 N	n	n		
16. lowa	IA	n	n	n	n	n		
17. Kansas	KS	n	0	0	0	0		
18. Kentucky	KY	n	0	0	n	0		
19. Louisiana	LA	0	0	0	0	0		
20. Maine	ME	0	0	0	0	0		
21. Maryland	MD	0	0	0	0	0		
22. Massachusetts	MA	0		0	0	0		
23. Michigan	MI			0	0	0		
24. Minnesota	MN			0	0	0		
25. Mississippi	MS	0		0	0	0		
26. Missouri	MO	0	0	0	0	0		
27. Montana	MT	0	0	0	0	0		
28. Nebraska	NE	0	0	0	0	0		
29. Nevada	NV	0	0	0	0	0		
30. New Hampshire	NH	0	0	0	0	0		
31. New Jersey	NJ	0	0	0	0	0		
32. New Mexico	MM	0	0	0	0	0		
33. New York	NY	0	0	0	0	0		
34. North Carolina	NC	0	0	0	0	0		
35. North Dakota	ND	0	0	0	0	0		
36. Ohio	HO	0	0	0	0	0		
37. Oklahoma	OK	0	0	0	0	0		
38. Oregon	OR	0	0	0	0	0		
39. Pennsylvania	PA	0	0	0	0	0		
40. Rhode Island	RI	0	0	0	0	0		
41. South Carolina	SC	0	0	0	U	0		
42. South Dakota	SD	0	0	0		0		
	TN	0				0		
44. Texas45. Utah	UT	U		U		0		
45. Utan 46. Vermont	VT	0		0	0			
47. Virginia		 n	n	 n	n	n		
48. Washington		0	0	0	0	0		
49. West Virginia		0	0	0	0	0		
50. Wisconsin		0	0	0	0	0		
51. Wyoming		0	0	0	0	0		
52. American Samoa		0	0	0	0	0		
53. Guam			0	0	0	0		
54. Puerto Rico		0	0	0	0	0		
55. US Virgin Islands		0	0	0	0	0		
56. Northern Mariana Islands		0	0	0	0	0		
57. Canada		0	0	0	0	0		
58. Aggregate Other Alien	OT	0	0	0	0	0		
59. Totals		0	0	0	0	0		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

Independence Blue Cross			State of Incorporation	Employer ID	
Inter-County Hospitalization Plan, Inc. (50%)					54/04
4 Inter-County Health Plan, Inc. (50%) PA 23-26(5810) 53225 5 AmeriHealth, Inc. PA 23-24(5461) 6 AmeriHealth Insurance Company of New Jersey NJ 22-3338404 60061 7 Healthcare Delaware, Inc. DE 51-0296135 95794 8 AmeriHealth Integrated Workers Compensation Management, Inc. PA 23-2732399 9 Independence Health Care Management, Inc. PA 23-2731080 10 The AmeriHealth Agency, Inc. PA 23-2511080 11 AmeriHealth Administrators, Inc. PA 23-2511080 12 QCC Insurance Company PA 23-2511080 13 QCC Insurance Company PA 31-0681081 14 FutureScripts Sceure, LLC* PA 16-1767416 15 FutureScripts Sceure, LLC* PA 16-1767416 16 International Plan Solutions, LLC (40%) PA 16-1767416 17 Highway to Health, Inc. DE 23-2903313 18 Wordwide Insurance Services, I					5.45.60
5 AmeriHealth, Inc. PA 23-24254d1 60061 6 AmeriHealth Insurance Company of New Jersey NJ 23-338404 60061 7 Healthcare Delaware, Inc. DE 51-0296153 95794 8 AmeriHealth Integrated Workers Compensation Management, Inc. PA 23-2723299 9-79 9 Independence Healthcare Management, Inc. PA 23-2671650 10 10 The AmeriHealth Agency, Inc. PA 23-2801508 10 11 AmeriHealth Agency, Inc. PA 23-2811602 10 12 QCC Insurance Company PA 23-2184623 93688 13 Verdign Health Solutions, LLC PA 03-0592263 16 14 FutureScripts, LLC* PA 03-0592263 16 15 FutureScripts, LLC* PA 03-0592263 16 16 International Plan Solutions, LLC (40%) DE 27-0204996 17 Highway to Health, Inc. Worldwide Insurance Services, Inc. DE 04-185679					
AmeriHealth Insurance Company of New Jersey					53252
7 Healthcare Delaware, Inc. DE \$1.0296135 95794 8 AmeriHealth Integrated Workers Compensation Management, Inc. PA 23.2773299 9 Independence Healthcare Management, Inc. PA 23.27731208 10 The AmeriHealth Agency, Inc. PA 23.2780586 11 AmeriHealth Administrators, Inc. PA 23.2782180 12 QCC Insurance Company PA 23.2184623 93688 13 Verdign Health Solutions, LLC PA 03.0592263 PA 14 FutureScripts, LLC* PA 03.0592263 PA 15 FutureScripts, LLC* PA 03.0592263 PA 16 International Plan Solutions, LLC (40%) DE 27.0204996 PA 17 Highway to Health, Inc. DE 27.0204996 PA 23.2903313 PA 18 Worldwide Insurance Services, Inc. DE 06-1505051 10975 21 Independence Insurance, Inc. DE 23.2805349 00254 22 Ame					
AmeriHealth Integrated Workers Compensation Management, Inc.					
					95794
The AmeriHealth Agency, Inc.					
11					
QCC Insurance Company					
13					
FutureScripts, LLC*				23-2184623	93688
FutureScripts Secure, LLC*				81-0681081	
International Plan Solutions, LLC (40%) DE 27-0204996 17 Highway to Health, Inc. DE 23-2903313 18 Worldwide Insurance Services, Inc. VA 54-1867679 19 HTH Re, Ltd. BM 98-0408753 10975 10975 10975 10975 10975 10075				03-0592263	
Highway to Health, Inc. DE 23-2903313	15			16-1767416	
18	16	International Plan Solutions, LLC (40%)		27-0204996	
HTH Re, Ltd.	17	Highway to Health, Inc.	DE	23-2903313	
DE 06-1505051 10975	18	Worldwide Insurance Services, Inc.	VA	54-1867679	
Independence Insurance, Inc. DE 23-2865349 60254	19	HTH Re, Ltd.	BM	98-0408753	
AmeriHealth Services, Inc. PA 23-2795357 S S S S S S S S S	20	AmeriHealth Casualty Insurance Company	DE	06-1505051	10975
NS Assisted Living Communities, Inc.	21	Independence Insurance, Inc.	DE	23-2865349	60254
24 CompServices, Inc. PA 25-1686685 25 CSI Services, Inc. PA 25-1765486 26 AmeriHealth Integrated Benefits, Inc. DE 23-2317715 27 AmeriHealth HMO, Inc. PA 23-2314460 95044 28 AmeriHealth Integrated Case Management, Inc. PA 23-2754696 29 29 AmeriHealth Mercy Health Plan (50%) PA 23-2859523 30 30 Select Health of South Carolina, Inc. SC 57-1032456 95458 31 Select Health of Georgia, Inc. GA 20-2467931 32 Shore Points AmeriHealth Mercy of LA 77-0632420 33 AmeriHealth Mercy Perform RX IPA of NY, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 25-1765391 13630 38 Vista Health Plan, Inc. PA 23-240803	22	AmeriHealth Services, Inc.	PA	23-2795357	
CSI Services, Inc. PA 25-1765486 26 AmeriHealth Integrated Benefits, Inc. DE 23-2317715 27 AmeriHealth HMO, Inc. PA 23-2314460 95044 28 AmeriHealth Hmerated Case Management, Inc. PA 23-2754696 23-27536 23-275	23	NS Assisted Living Communities, Inc.	PA	23-2824200	
25 CSI Services, Inc. PA 25-1765486 26 AmeriHealth Integrated Benefits, Inc. DE 23-2317715 27 AmeriHealth HMO, Inc. PA 23-2314460 95044 28 AmeriHealth Integrated Case Management, Inc. PA 23-2754696 29 AmeriHealth Mercy Health Plan (50%) PA 23-2859523 30 Select Health of South Carolina, Inc. SC 57-1032456 95458 31 Select Health of Georgia, Inc. GA 20-2467931 32 Shore Points AmeriHealth Mercy of LA 77-0632420 33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare PA 25-1765391 Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 23-2408039 9660 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan Eas	24	CompServices, Inc.	PA	25-1686685	
27 AmeriHealth HMO, Inc. PA 23-2314460 95044 28 AmeriHealth Integrated Case Management, Inc. PA 23-2754696 29 AmeriHealth Mercy Health Plan (50%) PA 23-2859523 30 Select Health of South Carolina, Inc. SC 57-1032456 95458 31 Select Health of Georgia, Inc. GA 20-2467931 32 Shore Points AmeriHealth Mercy of Louisiana, LLC LA 77-0632420 33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare PA 25-1765391 Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 23-2408039 96660 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Systems, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	25		PA	25-1765486	
27 AmeriHealth HMO, Inc. PA 23-2314460 95044 28 AmeriHealth Integrated Case Management, Inc. PA 23-2754696 29 AmeriHealth Mercy Health Plan (50%) PA 23-2859523 30 Select Health of South Carolina, Inc. SC 57-1032456 95458 31 Select Health of Georgia, Inc. GA 20-2467931 32 Shore Points AmeriHealth Mercy of Louisiana, LLC LA 77-0632420 33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare PA 25-1765391 Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 23-2408039 96660 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Systems, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	26	AmeriHealth Integrated Benefits, Inc.	DE	23-2317715	
AmeriHealth Mercy Health Plan (50%) Select Health of South Carolina, Inc. SC 57-1032456 95458 Select Health of Georgia, Inc. GA 20-2467931 Shore Points AmeriHealth Mercy of Louisiana, LLC LA 77-0632420 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 AMHP Holdings Corp. Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 CBHNP Services, Inc. PA 23-2408039 96660 Seystone Health Plan, Inc. Reystone Health Plan East, Inc. PA 23-2405376 95056 Keystone Health Systems, Inc. PA 23-2773183	27	AmeriHealth HMO, Inc.	PA	23-2314460	95044
AmeriHealth Mercy Health Plan (50%) Select Health of South Carolina, Inc. SC 57-1032456 95458 Select Health of Georgia, Inc. GA 20-2467931 Shore Points AmeriHealth Mercy of Louisiana, LLC LA 77-0632420 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 AmeriHealth Mercy of Indiana, LLC NY 26-1809217 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 AMHP Holdings Corp. PA 26-1144363 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 CBHNP Services, Inc. PA 26-0885397 13630 Vista Health Plan, Inc. PA 23-2408039 96660 Keystone Health Plan East, Inc. PA 23-2405376 95056 Keystone Health Systems, Inc. PA 23-2773183	28	AmeriHealth Integrated Case Management, Inc.	PA	23-2754696	
31 Select Health of Georgia, Inc. GA 20-2467931 32 Shore Points AmeriHealth Mercy of Indiana, LLC LA 77-0632420 33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	29		PA	23-2859523	
Shore Points AmeriHealth Mercy of Louisiana, LLC LA 77-0632420	30	Select Health of South Carolina, Inc.	SC	57-1032456	95458
Shore Points AmeriHealth Mercy of Louisiana, LLC	31	Select Health of Georgia, Inc.	GA	20-2467931	
Louisiana, LLC LA 77-0632420 33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	32				
33 AmeriHealth Mercy of Indiana, LLC IN 20-4948091 34 AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183			LA	77-0632420	
AmeriHealth Mercy Perform RX IPA of NY, LLC NY 26-1809217 35 AMHP Holdings Corp. PA 26-1144363 36 Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	33			20-4948091	
AMHP Holdings Corp. PA 26-1144363 Community Behavioral Healthcare				26-1809217	
Community Behavioral Healthcare Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183					
Network of Pennsylvania, Inc. PA 25-1765391 37 CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183					
CBHNP Services, Inc. PA 26-0885397 13630 38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183			PA	25-1765391	
38 Vista Health Plan, Inc. PA 23-2408039 96660 39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183	37				13630
39 Keystone Health Plan East, Inc. PA 23-2405376 95056 40 Keystone Health Systems, Inc. PA 23-2773183		· ·			
40 Keystone Health Systems, Inc. PA 23-2773183					
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		Keystone Benefits, Inc.		23-2864737	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

42	Keystone Mercy Health Plan (50%)	PA	23-2842344	
43	Independence Holdings, Inc.	PA	23-2982367	
44	PRHP, Inc.	PR	66-0195325	53546
45	AmeriHealth Assurance, Ltd.	BM	98-0426648	
46	Region 6 Rx Corp.	PA	30-0326654	12812
47	InsPro Technologies Corp. (f/k/a Health Benefits Direct Corp.)	DE	98-0438502	
48	Independence Blue Cross Foundation	PA	36-4685801	

^{*} The sale of FutureScripts, LLC and FutureScripts Secure, LLC to Catalyst Health Solutions, Inc., a Delaware corporation closed on September 13, 2010.

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

		PARI Z - SUIVIIVIAR		UIVEIV 3	IIIAIIOA					LO		
1	2	3	4	5	6	7 Income/ (Disbursements)	8	9	10	11	12	13
					Purchases, Sales or Exchanges of	Incurred in Connection with						Reinsurance Recoverable/
					Loans, Securities, Real	Guarantees or Undertakings for		Income/ (Disbursements)		Any Other Material Activity Not in the		(Payable) on Losses and/or
NAIC					Estate, Mortgage	the	Management	Incurred Under		Ordinary Course of		Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54704	23-0370270	Independence Blue Cross	40,000,000	(10,000,000)	0	0	675,305,203	4,281,262		0	709,586,465	3.912.354
93688	23-2184623	QCC Insurance Company.	0	(3,800,000)	0	0	(444, 312, 784)	0		(3,607,000)	(451,719,784)	(2,572,717)
	23-2425461	AmeriHealth, Inc.	(35,009,596)	(6,600,000)	0	0	(1,463,450)	0		0	(43,073,046)	0
95056	23-2405376	Keystone Health Plan East, Inc.	(50,000,000)	0	0	0	(310,782,163)	0		9,979,000	(350,803,163)	0
60061	22-3338404	AmeriHealth Insurance Co. of NJ	0	0	0	0	(13,357,322)	772,783		0	(12,584,539)	0
95044	23-2314460	AmeriHealth HMO, Inc	50,000,000	0	0	0	(24,365,253)	(772,783)		0	24,861,964	0
	23-2859523	Amerihealth Mercy Health Plan	0	0	0	0	(37,280)	٥		0	(37,280)	0
	23-2800586	The Amerihealth Ágency, Inc	0	0	0	0	(83,443)	٥		0	(83,443)	0
	23-2521508	AmeriHealth Administrators	(4,990,404)	0	0	0	10 , 593 , 427	0		0	5,603,023	0
	23 - 2795357	AmeriHealth Services, Inc	0	0	0	0	(119)	0		0	(119)	0
	23-2317715	AmeriHealth Integrated Benefits, Inc.	0	0	0	0	1,000	0		0	1,000	0
10975	. 06 - 1505051	AmeriHealth Casualty Insurance Company	0	0	0	0	4,801,057	0		0	4,801,057	2,572,717
	23-2754696	AmeriHealth Intergrated Case Mgmt, Inc	D	0	0	0	(4,423,000)	0		0	(4,423,000)	0
	25 - 1686685 25 - 1765486	CompServices, Inc.	0	0	0	0	1,662,204	0		0	1,662,204	0
0.570.4	25-1/05486	CSI Services, Inc.		0	0	0	1,307,883	0		U	1,307,883	
95794	. 51-0296135 23-2671650	Healthcare Delaware, Inc.	0	0	0	0	(12,431)			<u>U</u>	(12,431)	
00054	23 - 2865349	Independence Healthcare Management, Inc	U	U		0	112,981,345 2,626			U		U
60254	23-2865349	Independence Insurance, IncIndependence Holdings, Inc	U	6 . 600 . 000	U	0	2,626	U		U	2,626 6.774.000	U
		Independence Holdings, Inc.		, 000, 0	L	U				/C 240 000\		U
	23-2804/3/	Keystone Benefits, Inc	U	U	L	U	432,000			(6,349,000)	(5,917,000)	U
	23-2842344	Keystone Mercy Health Plan			U	U	(125,942)	0		U	(125,942)	
	22-2724721	IBC/HBS Caring Foundation for Children				0	(37,790)			U	(37,790)	
96660	. 23-2408039	Vista Health Plan, Inc	D	 0			1,679,059			 0	1,679,059	
90000	. 23-2400039	AmeriHealth Intergrated WC Mgmt, Inc.		 0	D		1.000			(23,000)	(22,000)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.	 N				1,000	(4,281,262)		(23,000)	(4,281,262)	(3,912,354)
047 00	23-2824200	NS Assisted Living Communities, Inc.	n		0	n	211,000	(4,201,202) N	·	n	211,000	0,012,004)
	98-0426648	AmeriHealth Assurance, Ltd.	0		0	0	(1,237,001)	0		0	(1,237,001)	0
12812	30-0326654	Region 6 Rx Corp.	0		0	0	1.480	0		0	1.480	0
	81-0681081	Veridign Health Solutions, LLC	0	3,800,000	n	0	(8,411,649)	0		n	(4,611,649)	n
	03-0592263	Future Scripts, LLC	n	Ω	n	n	548.351	0		n	548.351	n
	16 - 1767416	Future Scripts Secure, LLC.	0	0	0	0	(1,053,008)	0		0	(1,053,008)	0
	36 - 4685801	Independence Blue Cross Foundation	0	10.000.000	0	0	0	0		0	10,000,000	0
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9999999 C	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

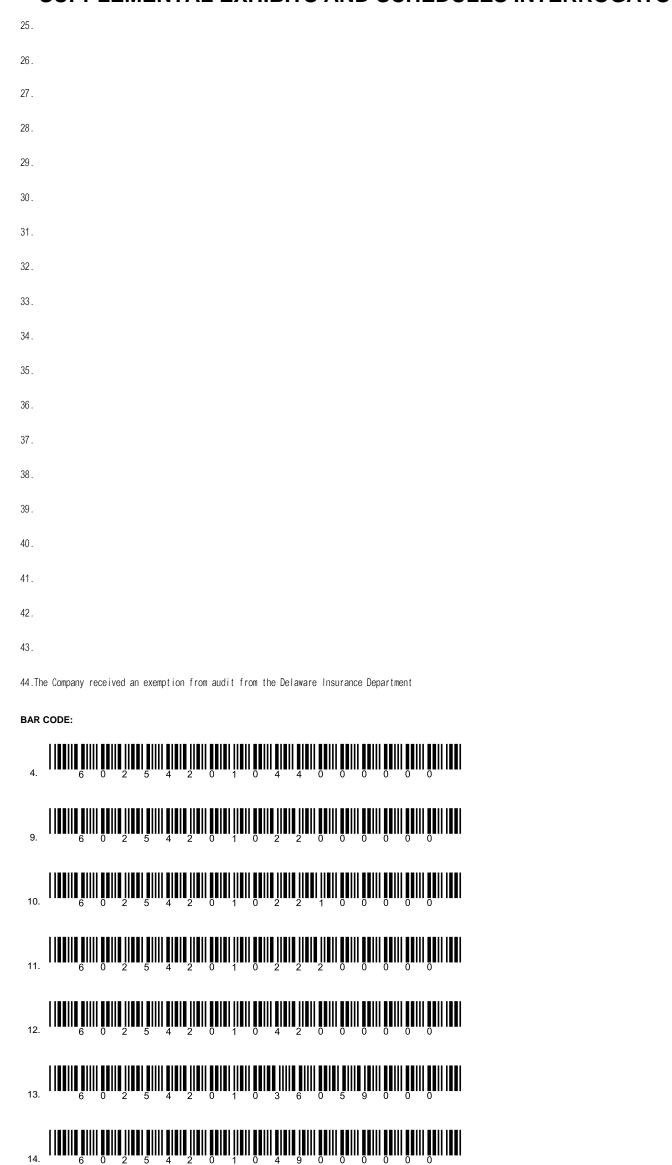
MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	WAIVED
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	WAIVED
10 Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? the following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not usiness 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 in rinted below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an expectatory questions.	and a bar code will be
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	N0
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	

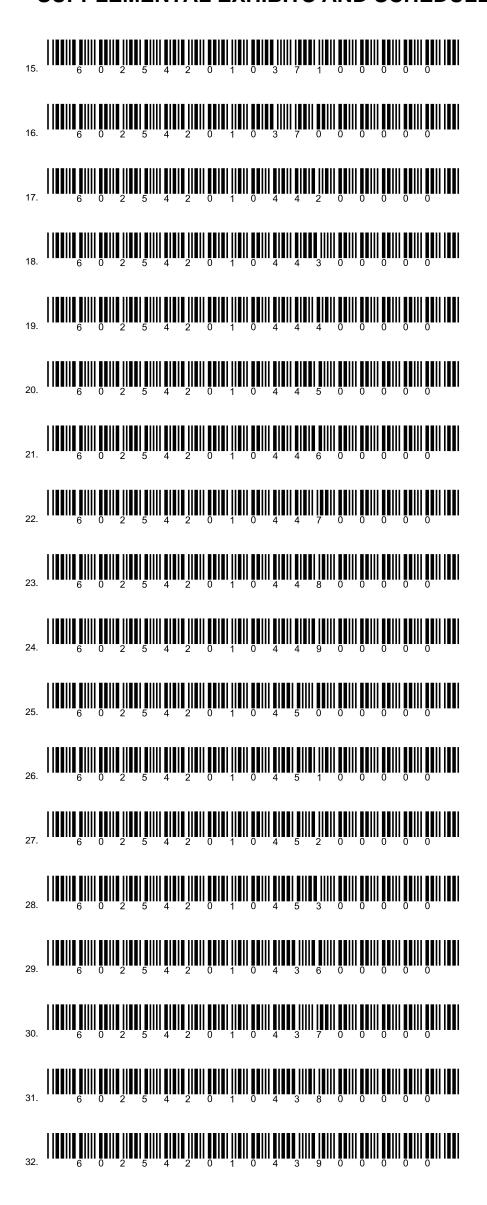
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
34. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	NO
35. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
36. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
37. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
	N0N0
	INU
, , , , , , , , , , , , , , , , , , , ,	NO
42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	NONO
42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	
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 42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? 	NO
 42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? EXPLANATIONS: 	NO
 42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? EXPLANATIONS: 6. Not applicable 	NO
42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? EXPLANATIONS: 6. Not applicable 7. Not applicable	NO
42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1? 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? AUGUST FILING 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? EXPLANATIONS: 6. Not applicable 7. Not applicable	NO
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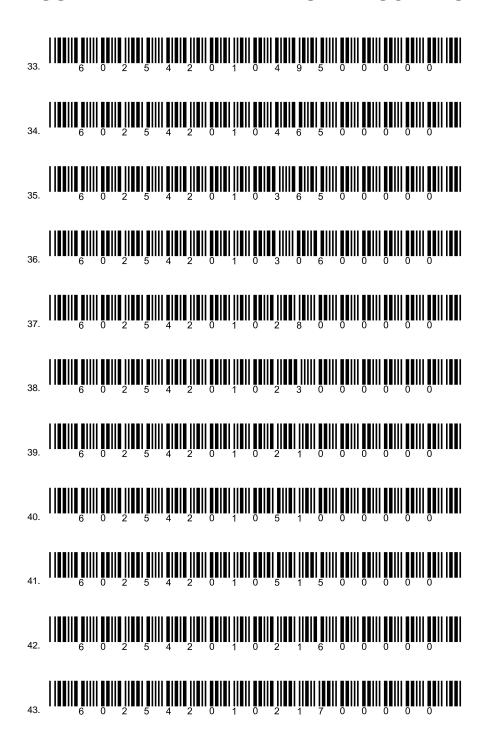
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



An entity having less than \$1 million in direct written premiums and less than 1,000 policyholders may be exempt from audit. The Company, having \$0 written premium and 0 policyholders has requested and obtained an exemption from the DE Insurance Department.

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

		Gro Investment	Holdings	Admitted Asset in t Annual S	he tatement
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage
1.	Bonds:		y		<u> </u>
	1.1 U.S. treasury securities	143,914	8.301	143,914	8.301
	1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
	1.21 Issued by U.S. government agencies		0.00.000	0	0.000
	1.22 Issued by U.S. government sponsored agencies	0	0.000	0	0.000
	1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)	0	0.000	0	0.00
	1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:1.41 States, territories and possessions general obligations	0	0.00.	0	0.000
	1.42 Political subdivisions of states, territories and possessions and				
	political subdivisions general obligations		0.00.00	0	0.000
	1.43 Revenue and assessment obligations		0.000	0	0.000
	1.44 Industrial development and similar obligations 1.5 Mortgage-backed securities (includes residential and commercial MBS):	0	0.000	0	0.000
	1.51 Pass-through securities:				
	1.511 Issued or guaranteed by GNMA		0.00.00	0	0.000
	1.512 Issued or guaranteed by FNMA and FHLMC		0.000	0	0.000
	1.513 All other	0	0.00.00	0	0.000
	1.52 CMOs and REMICs:				
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	0	0.00	0	0.00
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000	0	0.000
	1.523 All other	0	0.00.000	0	0.000
2.	Other debt and other fixed income securities (excluding short term):				
	2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	0	0.00.	0	0.00
	2.2 Unaffiliated non-U.S. securities (including Canada)		0.000	0	0.000
	2.3 Affiliated securities		0.00.0	0	0.000
3.	Equity interests:				
	3.1 Investments in mutual funds	0	0.00.00	0	0.000
	3.2 Preferred stocks:				
	3.21 Affiliated		0.00.00	0	0.000
	3.22 Unaffiliated	U	0.000	0	0.00
	3.3 Publicly traded equity securities (excluding preferred stocks): 3.31 Affiliated	0	0.000	0	0.00
	3.32 Unaffiliated		0.00	0	0.000
	3.4 Other equity securities:				
	3.41 Affiliated	0	0.00.0	0	0.000
	3.42 Unaffiliated	0	0.00.00	0	0.000
	3.5 Other equity interests including tangible personal property under lease:				
	3.51 Affiliated		0.00.00	0	0.000
	3.52 Unaffiliated	0	0.00.00	0	0.000
	Mortgage loans:	0	0.000	0	0.000
	4.1 Construction and land development		0.000	0	
	4.2 Agricultural 4.3 Single family residential properties		0.000	0	0.000
	4.4 Multifamily residential properties		0.00	0	0.00.00
	4.5 Commercial loans		0.00	0	0.000
	4.6 Mezzanine real estate loans		0.00.0	0	0.000
	Real estate investments:				
	5.1 Property occupied by company	0	0.00.00	0	0.000
	5.2 Property held for the production of income (including				
	\$0 of property acquired in satisfaction of debt)	0	0.00.000	0	0.000
	5.3 Property held for sale (including \$				
	acquired in satisfaction of debt)		0.000	0	0.000
	Contract loans		0.000	0	0.000
	Receivables for securities		0.000		0.00
	Cash, cash equivalents and short-term investments Other invested assets		0.000		0.000
	Other invested assets Total invested assets	1,733,651	100.000	1,733,651	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

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

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book /adjusted carrying value, December 31 of prior year.	0
2.	Cost of bonds and stocks acquired, Part 3, Column 7	144,598
	Accrual of discount	
	Unrealized valuation increase (decrease):	
	4.1 Part 1, Column 120	
	4.2 Part 2, Section 1, Column 15	
	4.3 Part 2, Section 2, Column 13	
	4.4 Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	
	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	
	Deduct amortization of premium.	
	Total foreign exchange in book/adjusted carrying value:	
	8.1 Part 1, Column 15	
	8.2 Part 2, Section 1, Column 19	
	8.3 Part 2, Section 2, Column 16	
	8.4 Part 4, Column 15	0
9.	Deduct current year's other than temporary impairment recognized:	
	9.1 Part 1, Column 14	
	9.2 Part 2, Section 1, Column 17	
	9.3 Part 2, Section 2, Column 14	
	9.4 Part 4, Column 13	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	143,914
	Deduct total nonadmitted amounts	
12.	Statement value at end of current period (Line 10 minus Line 11).	143,914

SCHEDULE D - SUMMARY BY COUNTRY

		g-Term Bonds and Stocks	1	2	3	4
			Book/Adjusted	-	Ü	
Description			Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS	1.	United States	143,914	144,519	144,598	141,000
Governments	2.	Canada	0	0	0	0
(Including all obligations guaranteed	3.	Other Countries	0	0	0	0
by governments)	4.	Totals	143,914	144,519	144,598	141,000
U. S. States, Territories and Possessions (Direct and guaranteed)	5.	Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6.	Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7.	Totals	0	0	0	0
Industrial and Miscellaneous and Credit Tenant	8.	United States	0	0	0	0
Loans and Hybird Securities (unaffiliated)	9.	Canada	0	0	0	0
	10.	Other Countries	0	0	0	0
	11.	Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12.	Totals	0	0	0	0
	13.	Total Bonds	143,914	144,519	144,598	141,000
PREFERRED STOCKS	14.	United States	0	0	0	
Industrial and Miscellaneous (unaffiliated)	15.	Canada	0	0	0	
	16.	Other Countries	0	0	0	
	17.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18.	Totals	0	0	0	
	19.	Total Preferred Stocks	0	0	0	
COMMON STOCKS	20.	United States	0	0	0	
Industrial and Miscellaneous (unaffiliated)	21.	Canada	0	0	0	
	22.	Other Countries	0	0	0	
	23.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24.	Totals	0	0	0	
	25.	Total Common Stocks	0	0	0]
	26.	Total Stocks	0	0	0]
	27.	Total Bonds and Stocks	143,914	144,519	144,598	

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE INDEPENDENCE INSURANCE, INC.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Over 5 Years Through Over 10 Years Total from Col. 6 % From Col. 7 **Total Publicly** Total Privately Placed Col. 6 as a Quality Rating per the NAIC Designation 1 Year or Less 5 Years 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded (a) 1. U.S. Governments .143,914 143,914 ..143,914 1.1 Class 1 ..8.3 0.0 1.2 Class 2 0.0 0.0 1.3 Class 3 0.0 ..0.0 1.4 Class 4 0.0 0.0 1.5 Class 5 ..0.0 .0.0 1.6 Class 6 0 0.0 0.0 143,914 8.3 1.7 Totals 0 143.914 0 0 0.0 143.914 2. All Other Governments 0.0 2.1 Class 1 2.2 Class 2 0 ..0.0 .0.0 0.0 0.0 2.3 Class 3 0.0 2.4 Class 4 ..0.0 0.0 2.5 Class 5 2.6 Class 6 0 0.0 0.0 2.7 Totals 0.0 0.0 0 3. U.S. States, Territories and Possessions, etc., Guaranteed 3.1 Class 1 0.0 0.0 3.2 Class 2 ..0.0 3.3 Class 3 0.0 ..0.0 3.4 Class 4 0.0 .0.0 3.5 Class 5 0.0 0 0.0 0.0 3.6 Class 6 3.7 Totals 0.0 0.0 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed 4.1 Class 1 ..0.0 4.2 Class 2. 0.0 0.0 4.3 Class 3 0.0 0.0 0.0 4.4 Class 4 4.5 Class 5 0 0.0 0.0. 0.0 0 0.0 4.6 Class 6 4.7 Totals 0.0 5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed 5.1 Class 1 0.0 ..0.0 5.2 Class 2 0.0 5.3 Class 3 0 ..0.0 .0.0 5.4 Class 4 0.0 5.5 Class 5 0.0 ..0.0 5.6 Class 6 0 0.0 0 0 0

0.0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

		Quality and Maturity	V DISTRIBUTION OF All BO	inas Owned Decembe	er 31, at Book/Adjuste	u Carrying values by I	Major Types of Issues	and NAIC Designation			
	1	2	3	4	5	6	7	8	9	10	11
Note: Betier and the NAIC Besievetics		Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years	0	T-4-1 O V	Col. 6 as a	Total from Col. 6 Prior Year	% From Col. 7	Total Publicly	Total Privately Place
Quality Rating per the NAIC Designation 6. Industrial and Miscellaneous (una)		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
		1	1	0		4 500 004	04.7	4 700 700	400.0	4 500 004	
6.1 Class 1	1,589,201			D	U	1,589,201	91.7	1,738,786	100.0	1,589,201	
6.2 Class 2		L	0	D	D		0.0	D	0.0	D	
6.3 Class 3	0	0	0			U	0.0	0	0.0		
6.4 Class 4	0		0	U	U	U	0.0	0	0.0	U	
6.5 Class 5	0		U	D		0	0.0	U	0.0	D	
6.6 Class 6		U	0	0	U	0	0.0	0	0.0	0	
6.7 Totals	1,589,201	0	0	0	0	1,589,201	91.7	1,738,786	100.0	1,589,201	
7. Credit Tenant Loans		T.									
7.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	
7.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	
7.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	
7.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	
7.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	(
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Hybrid Securities											
8.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	
8.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	
8.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	
8.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	
8.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	,	7.7	•	***	<u> </u>	
9.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	(
9.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	(
9.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	
9.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	
9.5 Class 5	0	0	0	0	0	n	0.0	n	0.0	0	
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	,
9.7 Tatala	0	0	0	0	0	0	0.0	0	0.0	0	1

SCHEDULE D - PART 1A - SECTION 1 (Continued)

	1	2	3	4	5	6	7	8	9	10	11	
			Over 5 Years Through				Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place	
ality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)	
10. Total Bonds Current Year												
0.1 Class 1	(d)1,589,201	143,914	0	0	0	1 ,733 , 115	100.0	XXX	XXX	1,733,115		
0.2 Class 2	(d)0	0	0	0	0	0	0.0	ХХХ	ХХХ	0		
0.3 Class 3	(d)0	0	0	0	0	0	0.0	XXX	XXX	0		
0.4 Class 4	(d)0	0	0	0	0	0	0.0	XXX	XXX	0		
10.5 Class 5	(d)0	0	0	0	0	(c)0	0.0	XXX	ХХХ	0		
0.6 Class 6	(d) 0	0	0	0	0	(c)	0.0	XXX	XXX	0		
0.7 Totals	1,589,201	143,914	0	0	0	^(b) 1,733,115	100.0	ХХХ	XXX	1,733,115		
0.8 Line 10.7 as a % of Col. 6	91.7	8.3	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0		
11. Total Bonds Prior Year												
1.1 Class 1	1,738,786	0	0	0	0	XXX	XXX	1 ,738 ,786	100.0	1,738,786		
1.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0		
1.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0		
1.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0		
1.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0		
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0		
11.7 Totals	1.738.786	0	0	0	0	XXX	XXX	(b)1.738.786	100.0	1.738.786		
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0		
12. Total Publicly Traded Bonds				****	***					.,,,,,		
2.1 Class 1	1.589.201	143.914	0	0	0	1.733.115	100.0	1.738.786	100.0	1.733.115	XXX	
2.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	XXX	
12.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	XXX	
12.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	XXX	
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	XXX	
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	XXX	
12.7 Totals	1.589.201	143.914	0	0	0	1,733,115	100.0	1,738,786	100.0	1,733,115	XXX	
12.8 Line 12.7 as a % of Col. 6	91.7	8.3	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX	
12.9 Line 12.7 as a % of Line 10.7,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Col. 6, Section 10	91.7	8.3	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX	
13. Total Privately Placed Bonds	01.1	0.0	0.0	0.0	0.0	100.0	7///	Aut	7001	100.0	7000	
13.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	XXX		
13.2 Class 2	0	n	0	0	0	n	0.0	0	0.0	XXX		
13.3 Class 3	0	n n	0	0	0	0	0.0	Û	0.0	XXX		
13.4 Class 4	 N	n	n	 N	n	n	0.0	n	0.0	XXX	<u> </u>	
13.5 Class 5	 N	n	n	n	n	n	0.0	n	0.0	XXX		
13.6 Class 6	n	n	n	n l	n	n	0.0	n	0.0	XXX		
13.7 Totals	n	0	n	0	n	n	0.0	n	0.0	XXX		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX		
13.9 Line 13.7 as a % of Line 10.7,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,////		/////		
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX		
Includes \$0 fre					0.0	3.0	73777	7,777	,,,,,,	,,,,,,	1	
Includes \$	•	•			, curren	t vear.	prior year of b	onds with Z* designation	ns. The letter "Z" mean	s the NAIC designation	n was not assigned	
0 cı	ırrent vear. \$	0 prior ve	ear of bonds with Z design	nations and \$, sanon	- ,,	0 the	= 000.91101101				
current year, \$												
Includes \$		prior ye	ear of bonds with 5* desi	gnations and	, curren	t year,	5 ,					
0 cı	ırrent year, \$			- 	0 \$	• •			ns. "5*" means the NAI	C designation was ass	signed by the SVO i	
ncludes \$ prior year of bonds with 5* designations and , current year, , current year, \$												

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues													
	1	2	الا عام العام ا	A BOOK Aujusteu C	5	I 6	7	8	q	10	11		
	'	Over 1 Year	Over 5 Years	Over 10 Years	3		Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately		
Distribution by Type	1 Year or Less		Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed		
1. U.S. Governments		mough o route	i i i o i o i o i o i o i o i o i o i o	oug.: 20 . ou.o	0.0.20.00.0	Total Gallone Total	0. 20		1 1101 1 001	714404	1 14004		
1.1 Issuer Obligations	0	143,914	0	0	0	143,914	8.3	0	0.0	143,914	0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0		
1.7 Totals	0	143,914	0	0	0	143.914	8.3	0	0.0	143,914	0		
2. All Other Governments		110,011		Ů		110,011	0.0	·	0.0	110,011	•		
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0		
Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0		
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES									0.0				
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0		
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0		
3. U.S. States. Territories and Possessions. etc Guaranteed			_										
3.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0		
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0		
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES					•				0.0				
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0		
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0		
4. U.S. Political Subdivisions of States. Territories and Possessions. Guaranteed													
4.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0		
4.3 Defined	0	0	0	0	0	0	0.0		0.0	0	0		
4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-	0	0	0	0	0	0	0.0	0	0.0	0	0		
BACKED SECURITIES 4.5 Defined	Λ	0	0	۸	Λ	0	0.0	0	0.0	٥	Λ		
4.5 Defined 4.6 Other		U	D	l			0.0	D	0.0				
	0	0	0	0	0	0		0		0	0		
4.7 Totals	U	U	U	U	U	U	0.0	U	0.0	U	0		
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed	Λ	Λ	۸		Λ	0	0.0	0	0.0	0	^		
5.1 Issuer Obligations	U		U		D	U	0.0		0.0		D		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	U	J	U	l		U	0.0						
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined	n	n	n	n	Λ	n	0.0	n	0.0	n	n		
5.4 Other	 N	n		n		n	0.0		0.0	 n			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES	U	U		U				U		υ			
5.5 Defined	Λ	n	Λ	n	Λ	n	0.0	n	0.0	n	n		
5.6 Other	 N	n	 Λ	n	 1	0	0.0	D	0.0	n	 N		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0		
J. I TOTALS	U	U	U	U	U	U	0.0	U	0.0	U	U		

SCHEDULE D - PART 1A - SECTION 2 (Continued)

				FANT IA							
		Maturity Distribution		December 31, at Book		alues by Major Type a	nd Subtype of Is				
	1	2	3	4	5	6	7	8	9	10	11
District of the Total	4.37	Over 1 Year Through	Over 5 Years	Over 10 Years	0	T. () () () ()	Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type 6. Industrial and Miscellaneous	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
	1,589,201	Τ	Λ .		0	1,589,201	91.7	1 ,738 ,786	100.0	1 ,589 ,201	0
6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed	1,309,201	0	U	0		1,309,201	91.7		100.0	, 309,201	
Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	1,589,201	0	0	0	0	1,589,201	91.7	1,738,786	100.0	1,589,201	0
7. Credit Tenant Loans			-								
7.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
7.2 Single Class Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Hybrid Securities											
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
8.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
8.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
8.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
8.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates											
9.1 Issuer Obligations	0	10	0	10	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined	<u>0</u>	<u>_</u>	0	ļ0	<u>0</u>	0	0.0	<u>0</u>	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

13.9 Line 13.7 as a % of Line 10.7. Col. 6. Section 10

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE INDEPENDENCE INSURANCE, INC.

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

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues Over 5 Years Total From Col. (6 From Col. 7 Total Publicly Over 1 Year Over 10 Years Total Col. 6 as a % Total Privately Distribution by Type Through 10 Years Through 20 Years Over 20 Years 1 Year or Less Through 5 Years Current Year of Line 10.7 Prior Year Prior Year Traded Placed 10. Total Bonds Current Year ..1,589,201 .143,914 .1,733,115 .100.0 ..1,733,115 10.1 Issuer Obligations 0.0 ..XXX.. XXX. 10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: XXX 0.0. XXX 10.4 Other 0.0 XXX MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 0.0 XXX XXX 10.5 Defined 0.0 XXX XXX 10.6 Other 0 10.7 Totals .1,589,20 143.914 .1.733.115 100.0 XXX XXX .1.733.115 10.8 Lines 10.7 as a % of Col. 6 91. 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year 1.738.786 1.738.786 100.0 1.738.786 11.1 Issuer Obligations 11.2 Single Class Mortgage-Backed/Asset-Backed Securities XXX XXX 0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: XXX 0.0 11.3 Defined XXX XXX 0.0 11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX XXX 11.5 Defined XXX XXX 0.0 11.6 Other 0 XXX 100.0 11.7 Totals XXX .1.738.786 1,738,786 .1.738.786 11.8 Line 11.7 as a % of Col. 8 100.0 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds .143,914 100.0 .1,738,786 12.1 Issuer Obligations .1,589,20 .1,733,115 .100.0 .1,733,115 XXX 12.2 Single Class Mortgage-Backed/Asset-Backed Securities 0.0 0.0 .XXX.. MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: XXX 12.3 Defined 0.0. 12.4 Other ...0.0 ..XXX.. MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX 12.5 Defined 0.0 0.0 XXX 12.6 Other 12.7 Totals .100.0 1,738,786 100.0 1,589,20 ..ХХХ. 12.8 Line 12.7 as a % of Col. 6 .91. 0.0 0.0 .0.0 100.0 XXX _XXX _XXX__ 100.0 XXX 91.7 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds 13.1 Issuer Obligations 0.0 0.0 XXX 13.2 Single Class Mortgage-Backed/Asset-Backed Securities 0.0 0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 13.3 Defined 0.0 0.0 0.0 XXX 13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX 13.5 Defined 0.0 0.0 13.6 Other 0 0.0 0.0 XXX 13.7 Totals ..0.0 XXX ...0.0 0.0 0.0 0.0 0.0 0.0. XXX 0.0 13.8 Line 13.7 as a % of Col. 6 ..0.0 XXX. XXXXXX.

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SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments 1 1 2 3 4 5														
	1	2	3	4	5									
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates									
Book/adjusted carrying value, December 31 of prior year	1,738,786	1,738,786	0	0	0									
Cost of short-term investments acquired	44,497,201	44 ,497 ,201	0	0	0									
3. Accrual of discount	0	0	0	0	0									
Unrealized valuation increase (decrease)	0	0	0	0	0									
5. Total gain (loss) on disposals	0	0	0	0	0									
Deduct consideration received on disposals	44,646,786	44,646,786	0	0	0									
7. Deduct amortization of premium	0	0	0	0	0									
Total foreign exchange change in book/adjusted carrying value	0	0	0	0	0									
Deduct current year's other than temporary impairment recognized	0	0	0	0	0									
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,589,201	1,589,201	0	0	0									
11. Deduct total nonadmitted amounts	0	0	0	0	0									
12. Statement value at end of current period (Line 10 minus Line 11)	1,589,201	1,589,201	0	0	0									

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

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 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

SCHEDULE D - PART 1

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

	Showing all Long-Term BONDS Owned December 31 of Current Year																			
1	2	Co	des	6	7	Fair	· Value	10	11	C	hange in Book Adjuste	ed Carrying Value				Interest			Dat	ies
		3 4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
		F										Current								1
		0				Rate						Year's	Total							i
		r				Used						Other	Foreign				Admitted			1
						To			Book /	Unrealized	Current	Than	Exchange				Amount	Amount		1
		Ιŭ				Obtain			Adjusted	Valuation	Year's	Temporary	Change		Effective		Due	Rec.		i
CUSIP			Bond	NAIC	Actual	Fair	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	in	Rate	Rate	When	&	During		i
Identification	Description	Code n		Designation	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Maturity
		Code n	CHAR	Designation						(Decrease)		Recognized	D./A.C.V.							
	U S TREASURY NOTE.			1	144,598	102.4960	144,519	141,000	143,914	0	(685)	0	0	1.750	0.470	FA	932	1,234	08/13/2010	08/15/2012
	al Bonds - U.S. Government - Issuer	Jbligations			144,598	XXX	144,519	141,000	143,914	D	(685)		0	XXX	XXX	XXX	932	1,234	XXX	XXX
	al - U.S. Government Bonds				144,598	XXX	144,519	141,000	143,914		(685)		0	XXX	XXX	XXX	932	1,234	XXX	XXX
7799999 - 1018	al – Issuer Obligations			1	144,598	XXX	144 , 519	141,000	143,914		(684)	U	0	XXX	XXX	XXX	932	1,234	XXX	XXX
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8399999 To	otals				144,598	XXX	144.519	141,000	143,914	n	(684)	n	n	XXX	XXX	XXX	932	1,234	XXX	ХХХ
303333311	olulo				144,090	۸۸۸	144,319	141,000	140,914	U	(004)	U	U	۸۸۸	۸۸۸	۸۸۸	932	1,234	ΛΛΛ	۸۸۸

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

SCHEDULE D - PART 3

OL AUL T		ACCUINED D	• · · · · · · · · · · · · · · ·
Showing All Long-Term B	sonas ana Stocks <i>i</i>	ACQUIRED During	Current Year

1	2	3	4	5	6	7	8	9
CUSIP					Number of	Actual		Paid for Accrued
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends
912828-LH-1	U S TREASURY NOTE	1 orcigii	08/13/2010	US Bank	Chares of Glock	144,598	141,000	1,220
	- Bonds - U.S. Government		007.107.2010	DO DUIN,		144,598	141,000	1,220
8399997 - Total -						144,598	141,000	1,220
8399998 - Total -						144,030	141,000	1,220
8399999 - Total -						144,598	141,000	1,220
8999998 - Total -	- Preferred Stocks - Part 5					0	XXX	0
	- Preferred Stocks					0	XXX	0
	- Common Stocks - Part 5					0	XXX	0
9799999 - Total -	- Common Stocks					0	XXX	0
	- Preferred and Common Stocks					0	XXX	0
			·····					
			·····			-		
			·····					
			·····					
					-			†
						†		
9999999 Totals						144,598	XXX	1,220
JJJJJJJ I Olais						144,000	۸۸۸	

Schedule D - Part 4

NONE

Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS	Owned December 21 of Current Veer

		-					7 8 Change In Book/Adjusted Carrying Value													
1	2	_	odes	5	6	7	8					13	14		1	Interest				21
		3	4					9	10	11	12			15	16	17	18	19	20	1
																				1
									_	Current				Amount Due						1
									Current	Year's	Total			And Accrued						1
							Book/	Unrealized	Year's	Other Than	Foreign			Dec. 31 of						5
							Adjusted	Valuation	(Amortization)	Temporary	Exchange			Current Year	Non-Admitted					Paid for
CUSIP				Date		Maturity	Carrying	Increase/	/	Impairment	Change in			On Bond Not	Due and		Effective	When	Amount Received	Accrued
Identification	Description	Code	Foreign	Acquired	Name of Vendor	Date	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	Par Value	Actual Cost	In Default	Accrued	Rate of	Rate of	Paid	During Year	Interest
8399999 - 1	otal - Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
31846V -80 -7	First Amer Treasury Oblig Cl Y Wells Fargo Adv Gov Mmk I			.08/31/2010 .12/31/2010	US Bank		2,201	0	0	0	0	2,201	2,201	0	0	Ω000	000.	N/A	0	0
94975P-40-5	Wells Fargo Adv Gov Mmk I			. 12/31/2010	US Bank		1,587,000	0	0	0	0	1,587,000	1,587,000	0	0	0.020	0.020	MON	1,784	0
8899999 - E	xempt Money Market Mutual Funds						1,589,201	0	0	0	0	XXX	1,589,201	0	0	XXX	XXX	XXX	1,784	0
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Schedule DB - Part A - Section 1

NONE

Sch. DB - Pt. A - Sn. 1 - Footnote (a)

NONE

Schedule DB - Part A - Section 2

NONE

Sch. DB - Pt. A - Sn. 2 - Footnote (a)

NONE

Schedule DB - Part B - Section 1- Future

NONE

Sch. DB - Pt. B - Sn. 1 - Footnotes

NONE

Schedule DB - Part B - Section 2- Future

NONE

Sch. DB - Pt. B - Sn. 2 - Footnotes

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

	1 / 1 1 1		JA011		0	Т-
1	2	3	4	5	6	7
			Amount of Interest	Amount of Interest		1
			Received	Accrued		
		Rate of	During	December 31 of		
Depository	Code	Interest	Year	Current Year	Balance	*
Wachovia BankPhiladelphia, PAPhiladelphia, PA		0.00	0	0	536	XXX
0199998 Deposits in	-					T
allowable limit in any one depository (See Instructions) - open depositories	XXX	XXX	0	0	0	
0199999 Totals – Open Depositories	XXX	XXX	0	0	536	XXX
						XXX
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2000000 T. J. J. A. J. D. J. J.		, , , , , , , , , , , , , , , , , , ,			r··	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	536	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	_
0599999 Total Cash	XXX	XXX	0	0	536	XX)

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR
TOTALO OF DEFOUND DALANGEO ON THE EAST DAT OF EAST MONTH DONNE THE CONNENT TEAN

TOTALS OF DEFOSITORY DALARGES ON THE EAST DAT OF EACH MONTH DOMING THE CONNERT TEAR							
1. January	402	4. April	82	7. July		10. October	297
2. February	492	5. May	977	8. August	597	11. November	462
3. March	988	6. June	228	9. September	78	12. December	536

Schedule E - Part 2 - Cash Equivalents NONE

Schedule E - Part 3

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