



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
 OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of Louisiana, Inc.

NAIC Group Code 1137 , 1137 NAIC Company Code 95173 Employer's ID Number 74-2381406
(Current Period) (Prior Period)

Organized under the Laws of Louisiana , State of Domicile or Port of Entry Louisiana
 Country of Domicile United States

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

Incorporated/Organized 01/15/1985 Commenced Business 07/01/1985

Statutory Home Office 3838 N. Causeway Blvd., Suite 3350 , Metairie, LA 70002
(Street and Number) (City, State and Zip Code)

Main Administrative Office 3838 N. Causeway Blvd., Suite 3350
Metairie, LA 70002 504-834-0840
(City, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Mail Address 3838 N. Causeway Blvd., Suite 3350 , Metairie, LA 70002
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 3838 N. Causeway Blvd., Suite 3350
Metairie, LA 70002 504-834-0840
(City, State and Zip Code) (Street and Number) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.cvty.com

Statutory Statement Contact John Philip Caire III , 504-834-0840
(Name) (Area Code) (Telephone Number) (Extension)
jpcaire@cvty.com 504-834-2694
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>John Reed Pegues III</u>	<u>President & CEO</u>	<u>John Philip Caire III</u>	<u>Vice President & CFO</u>

OTHER OFFICERS

<u>Melinda Lee Tuozzo</u>	<u>Assistant Treasurer</u>	<u>Jonathan David Weinberg</u>	<u>Assistant Secretary</u>
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DIRECTORS OR TRUSTEES

<u>Michael Dean Bahr</u>	<u>John Reed Pegues III</u>	<u>Todd A Petersen #</u>
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State ofLOUISIANA.....
 County ofJEFFERSON.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Reed Pegues III
 President & CEO

John Philip Caire III
 Vice President & CFO

Subscribed and sworn to before me this _____ day of _____, _____

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

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	35,645,904		35,645,904	28,054,618
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (3,148,461) , Schedule E-Part 1), cash equivalents (\$3,218,132 , Schedule E-Part 2) and short-term investments (\$4,290,607 , Schedule DA).....	4,360,278		4,360,278	12,878,312
6. Contract loans (including \$premium notes)			0	0
7. Derivatives			0	
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities	125		125	110
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	40,006,307	0	40,006,307	40,933,041
13. Title plants less \$charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	365,539		365,539	309,515
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,364,669		1,364,669	1,539,466
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	762,428		762,428	3,795
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	152,909
18.1 Current federal and foreign income tax recoverable and interest thereon	28,795		28,795	815,280
18.2 Net deferred tax asset.....	533,684	86,626	447,058	235,996
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)	89,432	79,082	10,350	14,424
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable.....	1,373,249		1,373,249	0
25. Aggregate write-ins for other than invested assets	435,095	435,095	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	44,959,199	600,803	44,358,396	44,004,426
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	44,959,199	600,803	44,358,396	44,004,426
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. PREPAID EXPENSES.....	37,597	37,597	0	0
2502. INTANGIBLE ASSETS.....	30,751	30,751	0	0
2503. Other Long Term Assets.....	366,747	366,747	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	435,095	435,095	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 394,474 reinsurance ceded)	12,793,380	1,358,512	14,151,892	12,289,799
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	263,301		263,301	177,168
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,339,143		2,339,143	2,095,890
9. General expenses due or accrued	1,854,548		1,854,548	2,735,328
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	260,387		260,387	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	8,579		8,579	9,623
13. Remittances and items not allocated	31,264		31,264	454,179
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	394,856		394,856	507,674
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	43,202		43,202	0
23. Aggregate write-ins for other liabilities (including \$ current)	1,143,637	0	1,143,637	2,141,287
24. Total liabilities (Lines 1 to 23)	19,132,299	1,358,512	20,490,811	20,410,949
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	55,784,720	55,784,720
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(31,917,132)	(32,191,243)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	23,867,588	23,593,477
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	44,358,399	44,004,426
DETAILS OF WRITE-INS				
2301. OPM PAYABLE	1,143,637		1,143,637	2,141,287
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,143,637	0	1,143,637	2,141,287
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	502,892	400,210
2. Net premium income (including \$0 non-health premium income).....	XXX	138,937,394	108,970,223
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	138,937,394	108,970,223
Hospital and Medical:			
9. Hospital/medical benefits		77,176,556	60,954,541
10. Other professional services		1,356,094	741,087
11. Outside referrals		10,612,004	3,401,953
12. Emergency room and out-of-area		7,177,244	6,172,056
13. Prescription drugs		18,910,906	15,183,888
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	115,232,804	86,453,525
Less:			
17. Net reinsurance recoveries		2,166,888	1,603,590
18. Total hospital and medical (Lines 16 minus 17)	0	113,065,916	84,849,935
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$1,962,898 cost containment expenses.....		4,780,325	3,494,524
21. General administrative expenses.....		15,475,688	13,533,767
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	133,321,929	101,878,226
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	5,615,465	7,091,997
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,167,970	1,129,054
26. Net realized capital gains (losses) less capital gains tax of \$3,259		6,053	(33,828)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,174,023	1,095,226
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		(83,548)	(5,544)
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	6,705,940	8,181,680
31. Federal and foreign income taxes incurred	XXX	1,960,010	2,296,983
32. Net income (loss) (Lines 30 minus 31)	XXX	4,745,930	5,884,697
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Other income.....			0
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	23,593,477	23,867,483
34. Net income or (loss) from Line 32	4,745,930	5,884,697
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	297,688	(221,013)
39. Change in nonadmitted assets	84,220	62,310
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders	(4,853,729)	(6,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	274,109	(274,006)
49. Capital and surplus end of reporting year (Line 33 plus 48)	23,867,586	23,593,477
DETAILS OF WRITE-INS		
4701.		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	139,355,445	109,613,726
2. Net investment income.....	1,376,657	1,170,877
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	140,732,102	110,784,603
5. Benefit and loss related payments.....	113,268,435	80,592,183
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	20,938,097	16,780,151
8. Dividends paid to policyholders.....	.....	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	916,397	4,171,605
10. Total (Lines 5 through 9).....	135,122,929	101,543,939
11. Net cash from operations (Line 4 minus Line 10).....	5,609,174	9,240,664
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,995,911	5,448,932
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	(43)
12.7 Miscellaneous proceeds.....	0	233
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,995,911	5,449,122
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	10,842,599	4,164,029
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	15	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	10,842,614	4,164,029
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	(7,846,703)	1,285,093
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	0
16.5 Dividends to stockholders.....	4,853,729	6,000,000
16.6 Other cash provided (applied).....	(1,426,776)	73,256
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(6,280,505)	(5,926,744)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(8,518,034)	4,599,012
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	12,878,312	8,279,300
19.2 End of year (Line 18 plus Line 19.1).....	4,360,278	12,878,312

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	138,937,394	126,083,231	0	0	0	12,854,162	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	138,937,394	126,083,231	0	0	0	12,854,162	0	0	0	0
8. Hospital/medical benefits	77,176,556	71,337,977	0	0	0	5,838,578	0	0	0	XXX
9. Other professional services	1,356,094	1,253,502	0	0	0	102,592	0	0	0	XXX
10. Outside referrals	10,612,004	9,809,182	0	0	0	802,822	0	0	0	XXX
11. Emergency room and out-of-area	7,177,244	6,634,270	0	0	0	542,975	0	0	0	XXX
12. Prescription drugs	18,910,906	17,480,254	0	0	0	1,430,652	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	115,232,804	106,515,186	0	0	0	8,717,618	0	0	0	XXX
16. Net reinsurance recoveries	2,166,888	2,166,888	0	0	0	0	0	0	0	XXX
17. Total hospital and medical (Lines 15 minus 16)	113,065,916	104,348,298	0	0	0	8,717,618	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 1,962,898 cost containment expenses	4,780,326	4,482,941	0	0	0	297,385	0	0	0	0
20. General administrative expenses	15,475,687	14,512,942	0	0	0	962,745	0	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	133,321,929	123,344,181	0	0	0	9,977,748	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	5,615,465	2,739,051	0	0	0	2,876,414	0	0	0	0
DETAILS OF WRITE-INS										
0501.	0	0	0	0	0	0	0	0	0	XXX
0502.	0	0	0	0	0	0	0	0	0	XXX
0503.	0	0	0	0	0	0	0	0	0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0	0	0	0	0	0	0	0	0	XXX
1302.	0	0	0	0	0	0	0	0	0	XXX
1303.	0	0	0	0	0	0	0	0	0	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	128,164,855		2,081,624	126,083,231
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan	12,992,251		138,089	12,854,162
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	141,157,106	.0	2,219,712	138,937,394
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	141,157,106	0	2,219,712	138,937,394

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	113,370,711	104,125,277				9,245,434				
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	2,166,888	2,166,888								
1.4 Net	111,203,823	101,958,389	0	0	0	9,245,434	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	14,151,892	12,975,311	0	0	0	1,176,582	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	14,151,892	12,975,311	0	0	0	1,176,582	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	12,289,801	10,585,404	0	0	0	1,704,397	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	12,289,801	10,585,404	0	0	0	1,704,397	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	115,232,802	106,515,183	0	0	0	8,717,618	0	0	0	0
12.2 Reinsurance assumed	0									
12.3 Reinsurance ceded	2,166,888	2,166,888	0	0	0	0	0	0	0	0
12.4 Net	113,065,914	104,348,295	0	0	0	8,717,618	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	876,641	803,758				72,884				
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	876,641	803,758	0	0	0	72,884	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct	13,275,251	12,171,553				1,103,698				
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	13,275,251	12,171,553	0	0	0	1,103,698	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	14,151,892	12,975,311	0	0	0	1,176,582	0	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	14,151,892	12,975,311	0	0	0	1,176,582	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	10,889,714	91,068,675		12,975,311	10,889,714	10,585,402
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan	864,184	8,381,250	0	1,176,582	864,184	1,704,397
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	11,753,898	99,449,925	0	14,151,892	11,753,898	12,289,799
10. Healthcare receivables (a).....					0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	11,753,898	99,449,925	0	14,151,892	11,753,898	12,289,799

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

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	803,909	803,909	803,909	803,909	803,909
2. 2006	99,948	105,258	105,258	105,258	105,258
3. 2007	XXX	69,869	75,185	75,185	75,185
4. 2008	XXX	XXX	53,237	57,839	57,834
5. 2009	XXX	XXX	XXX	64,812	76,566
6. 2010	XXX	XXX	XXX	XXX	91,069

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	173,195	173,196	173,196	173,196	173,196
2. 2006	110,698	105,258	105,258	105,258	105,258
3. 2007	XXX	77,951	75,185	75,185	75,185
4. 2008	XXX	XXX	61,268	57,839	57,839
5. 2009	XXX	XXX	XXX	75,397	76,566
6. 2010	XXX	XXX	XXX	XXX	104,043

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2006.....	132,552	105,258	1,855	1.8	107,113	80.8			107,113	80.8
2. 2007.....	89,122	75,185	2,097	2.8	77,282	86.7			77,282	86.7
3. 2008.....	81,865	57,834	2,133	3.7	59,967	73.3			59,967	73.3
4. 2009.....	95,737	76,566	3,330	4.3	79,896	83.5			79,896	83.5
5. 2010.....	128,165	91,069	4,378	4.8	95,447	74.5	12,974	241	108,662	84.8

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

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

Section A – Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	47,030	47,030	47,030	47,030	47,030
2. 2006	14,019	15,991	15,991	15,991	15,991
3. 2007	XXX	14,067	14,869	14,869	14,869
4. 2008	XXX	XXX	14,095	15,118	15,118
5. 2009	XXX	XXX	XXX	10,153	11,017
6. 2010	XXX	XXX	XXX	XXX	8,381

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	14,357	14,357	14,357	14,357	14,357
2. 2006	16,017	15,991	15,991	15,991	15,991
3. 2007	XXX	14,067	14,869	14,869	14,869
4. 2008	XXX	XXX	14,095	15,118	15,118
5. 2009	XXX	XXX	XXX	11,858	11,017
6. 2010	XXX	XXX	XXX	XXX	9,558

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2006.....	18,310	15,991	237	1.5	16,228	88.6			16,228	88.6
2. 2007.....	16,525	14,869	254	1.7	15,123	91.5			15,123	91.5
3. 2008.....	16,258	15,118	424	2.8	15,542	95.6			15,542	95.6
4. 2009.....	13,234	11,017	522	4.7	11,539	87.2			11,539	87.2
5. 2010.....	12,992	8,381	402	4.8	8,783	67.6	1,177	22	9,982	76.8

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	850,939	850,939	850,939	850,939	850,939
2. 2006	113,967	121,249	121,249	121,249	121,249
3. 2007	XXX	83,936	90,054	90,054	90,054
4. 2008	XXX	XXX	67,332	72,958	72,952
5. 2009	XXX	XXX	XXX	74,965	87,583
6. 2010	XXX	XXX	XXX	XXX	99,450

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	187,552	187,553	187,553	187,553	187,553
2. 2006	126,715	121,249	121,249	121,249	121,249
3. 2007	XXX	92,018	90,054	90,054	90,054
4. 2008	XXX	XXX	75,363	72,957	72,957
5. 2009	XXX	XXX	XXX	87,255	87,583
6. 2010	XXX	XXX	XXX	XXX	113,601

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2006	150,862	121,249	2,092	1.7	123,341	81.8	.0	.0	123,341	81.8
2. 2007	105,647	90,054	2,351	2.6	92,405	87.5	.0	.0	92,405	87.5
3. 2008	98,123	72,952	2,557	3.5	75,509	77.0	.0	.0	75,509	77.0
4. 2009	108,970	87,583	3,852	4.4	91,435	83.9	.0	.0	91,435	83.9
5. 2010	141,157	99,450	4,780	4.8	104,230	73.8	14,151	263	118,644	84.1

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	NONE		.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....	.0								
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building).....		106,235	544,306		650,541
2. Salaries, wages and other benefits.....	1,962,898	776,645	5,946,607		8,686,150
3. Commissions (less \$ceded plus \$assumed).....			7,252,128		7,252,128
4. Legal fees and expenses.....		18,591	128,706		147,297
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....		250,538	309,897		560,435
7. Traveling expenses.....		65,069	244,656		309,725
8. Marketing and advertising.....		8,410	204,382		212,792
9. Postage, express and telephone.....		139,876	208,169		348,045
10. Printing and office supplies.....		166,878	472,645		639,523
11. Occupancy, depreciation and amortization.....		0	98,305		98,305
12. Equipment.....		6,640	35,634		42,274
13. Cost or depreciation of EDP equipment and software.....		504,618	533,156		1,037,774
14. Outsourced services including EDP, claims, and other services.....			28,451		28,451
15. Boards, bureaus and association fees.....			57,246		57,246
16. Insurance, except on real estate.....		35,854	37,882		73,736
17. Collection and bank service charges.....				76,830	76,830
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....			(648,963)		(648,963)
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....			20		20
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....		15,051	40,321		55,372
23.2 State premium taxes.....			(742,963)		(742,963)
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....		186,797	518,697		705,494
23.5 Other (excluding federal income and real estate taxes).....			9,480		9,480
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	536,225	196,926	0	733,151
26. Total expenses incurred (Lines 1 to 25).....	1,962,898	2,817,427	15,475,688	76,830	(a) 20,332,843
27. Less expenses unpaid December 31, current year.....		263,301	1,854,548	0	2,117,849
28. Add expenses unpaid December 31, prior year.....	0	177,168	2,735,328	0	2,912,496
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,962,898	2,731,294	16,356,468	76,830	21,127,490
DETAILS OF WRITE-INS					
2501. MISC EXPENSES.....		536,225	196,926		733,151
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)	0	536,225	196,926	0	733,151

(a) Includes management fees of \$ 9,349,669 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....6,896	.....7,156
1.1 Bonds exempt from U.S. tax	(a).....0	.....0
1.2 Other bonds (unaffiliated)	(a).....1,142,687	.....1,221,717
1.3 Bonds of affiliates	(a).....0	.....0
2.1 Preferred stocks (unaffiliated)	(b).....0	.....0
2.11 Preferred stocks of affiliates	(b).....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0
3. Mortgage loans	(c).....0	.....0
4. Real estate	(d).....0	.....0
5. Contract loans	.....0	.....0
6. Cash, cash equivalents and short-term investments	(e).....15,096	.....15,927
7. Derivative instruments	(f).....0	.....0
8. Other invested assets	.....0	.....0
9. Aggregate write-ins for investment income	.....0	.....0
10. Total gross investment income	1,164,679	1,244,800
11. Investment expenses		(g).....76,830
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....0
13. Interest expense		(h).....0
14. Depreciation on real estate and other invested assets		(i).....0
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		.....76,830
17. Net investment income (Line 10 minus Line 16)		1,167,970
DETAILS OF WRITE-INS		
0901. Other Interest	.....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. Investment Manager Fees		.....0
1502. Bank Charges		.....0
1503. ....		.....0
1598. Summary of remaining write-ins for Line 15 from overflow page		.....0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

- (a) Includes \$ 6,053 accrual of discount less \$ 270,764 amortization of premium and less \$ 65,137 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 2 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (f) Includes \$ 3,177 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	.....0	.....0	.....0	.....0	.....0
1.1 Bonds exempt from U.S. tax	.....0	.....0	.....0	.....0	.....0
1.2 Other bonds (unaffiliated)	.....9,312	.....0	.....9,312	.....0	.....0
1.3 Bonds of affiliates	.....0	.....0	.....0	.....0	.....0
2.1 Preferred stocks (unaffiliated)	.....0	.....0	.....0	.....0	.....0
2.11 Preferred stocks of affiliates	.....0	.....0	.....0	.....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0	.....0	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0	.....0	.....0	.....0
3. Mortgage loans	.....0	.....0	.....0	.....0	.....0
4. Real estate	.....0	.....0	.....0	.....0	.....0
5. Contract loans	.....0	.....0	.....0	.....0	.....0
6. Cash, cash equivalents and short-term investments	.....0	.....0	.....0	.....0	.....0
7. Derivative instruments	.....0	.....0	.....0	.....0	.....0
8. Other invested assets	.....0	.....0	.....0	.....0	.....0
9. Aggregate write-ins for capital gains (losses)	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses)	9,312	0	9,312	0	0
DETAILS OF WRITE-INS					
0901. ....	.....0	.....0	.....0	.....0	.....0
0902. ....	.....0	.....0	.....0	.....0	.....0
0903. ....	.....0	.....0	.....0	.....0	.....0
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives .....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets.....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due. ....	.0	.0	.0
15.3 Accrued retrospective premiums.....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.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	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	86,626	.0	(86,626)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets	79,082	105,157	26,075
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	67,268	67,268
25. Aggregate write-ins for other than invested assets	435,095	512,598	77,503
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	600,803	685,023	84,220
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	600,803	685,023	84,220
DETAILS OF WRITE-INS			
1101. ....	.0	.0	.0
1102. ....	.0	.0	.0
1103. ....	.0	.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. PREPAID EXPENSES.....	37,597	78,144	40,547
2502. INTANGIBLE ASSETS.....	30,751	434,454	403,703
2503. Prepaid Other.....	366,747	.0	(366,747)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	435,095	512,598	77,503

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	8,819	6,690	6,641	8,519	8,541	89,505
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	27,671	34,964	35,418	33,888	34,044	413,387
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	36,490	41,654	42,059	42,407	42,585	502,892
DETAILS OF WRITE-INS						
0601. ....	.0					
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Coventry Health Care of Louisiana, Inc. have been prepared in accordance with the accounting practices prescribed or permitted by the Louisiana Department of Insurance (DOI). Such practices differ in certain respects from generally accepted accounting principles in determining financial position and results of operations. Certain assets designated as non-admitted (e.g. receivables greater than 90 days old, prepaid assets, intangible assets, certain amounts of property and equipment, notes receivable and deferred taxes) are excluded from the balance sheet by a direct charge to surplus. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as class 3-6 which are reported at the lower of amortized cost or fair market value.

The Louisiana Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Louisiana for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Louisiana insurance laws. The National Association of Insurance Commissioners' (NAIC) "Accounting Practices and Procedures Manual" (APPM), version effective [March 1, 2010](#), (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Louisiana. The State of Louisiana has not adopted any prescribed accounting practices that differ from those found in the NAIC SAP.

Below is a reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Louisiana Department of Insurance as of December 31, 2010:

LA DOI Net Income	\$ 4,745,931
NAIC SAP Net Income	\$ 4,745,931
LA DOI Statutory Surplus	\$ 23,867,588
NAIC SAP Statutory Surplus	\$ 23,867,588

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

The preparation of financial statements in conformity with the 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

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized cost, except for bonds that are rated 3 or below by the NAIC, which are reported at the lower of amortized cost or fair value. Amortization is calculated using the specific to worst constant yield method.
3. The Company has no common stocks.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans on real estate.
6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The Company applies the retrospective method of valuing loan-backed and asset backed securities.
7. The Company has no investments in subsidiaries, controlled and affiliated companies.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Companies has no derivatives.
10. Premium deficiency calculations do not utilize anticipated investment income as a factor.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessary based on assumptions and estimates and, while management believes that amount is adequate, the ultimate liability may be in excess of or less

NOTES TO FINANCIAL STATEMENTS

than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

12. The Company has not modified its capitalization policy from the prior period.

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors

NONE

3. Business Combinations and Goodwill

A. Statutory Purchased Method

NONE

B. Statutory Merger Method

NONE

C. Assumption Reinsurance

NONE

D. Impairment Losses

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

1. The carrying value for structured securities has been determined in accordance with the guidelines of the NAIC. Fair value is determined using a pricing hierarchy starting with a widely accepted pricing vendor, followed by external broker/dealers, Bloomberg analytic modeling and a benchmark to index model.

2. The Company uses a proprietary model for loss assumptions and widely accepted models for repayment assumptions in valuing mortgage-backed and asset-backed securities with inputs from major third party data providers. The model combines the effects of interest rates, volatility, and pre-payment speeds based on various scenarios and simulations (Monte Carlo) with credit loss analysis and resulting effective analytics (spreads, duration, convexity) and cash flows on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.

3. Credit risk concentrations are evaluated in our base security analysis through exposure stratification of the collateral attributes. The Company will then apply an appropriate credit default curve reflecting forecasted expectations of future defaults and losses.

4. Not applicable as there was no OTTI recognized in 2010 because the Company did not expect to hold the security to recovery (i.e.: there were no write-downs to projected cash flows).

5. At December 31, 2010, there are no structured securities that are in an unrealized loss position. Therefore, the table showing unrealized losses on structured securities that are greater and less than a year has not been provided.

NOTES TO FINANCIAL STATEMENTS

The fair market value, amortized cost and unrealized losses for structured securities (fair value is less than amortized cost for which an other-than-temporary impairment has not been recognized in earnings as a realized loss) owned as of December 31, 2010 are as follows:

U.S. Government Mortgage Backed Securities

	Less than 12 months	12 months or more
Fair Market Value	\$ 0	\$ 0
Amortized Cost	\$ 0	\$ 0
Unrealized Losses	\$ 0	\$ 0

The structured securities have been in a continuous unrealized loss position for less than 12 months. There are no structured securities that that been in a continuous unrealized loss position for 12 months or longer.

6. There are a number of factors that are considered in determining if there is an other-than-temporary impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.
7. All investments in an unrealized loss position are evaluated for other-than-temporary impairment based on the severity level and length of time the investment has been in an unrealized loss position. As the magnitude of the loss increases so does the degree of analysis required in determining if an other-than-temporary loss exists.

E. Repurchase Agreements

NONE

F. Real Estate

NONE

G. Investments in low-income housing credits

NONE

6. Joint Ventures, Partnerships and Limited Liability Companies

NONE

7. Investment Income

A. The Company had no investment income accrued with amounts over 90 days old.

B. NONE

8. Derivative Instruments

NONE

9. Income Taxes

	2010			2009		
	Capital	Ordinary	Total	Capital	Ordinary	Total
Gross deferred tax assets	-	606,054	606,054	11,840	611,642	623,481
Statutory valuation allowance	-	-	-	-	-	-
Adjusted gross deferred tax assets	-	606,054	606,054	11,840	611,642	623,481
Gross deferred tax liabilities	-	72,370	72,370	-	26,647	26,647
Net deferred tax asset before admissibility test	-	533,684	533,684	11,840	584,995	596,835
Less: Deferred tax asset non admitted	-	86,626	86,626	-	154,077	154,077
Net deferred tax asset	-	447,058	447,058	11,840	430,918	442,758
Increase(decrease) in DTA non admitted			(67,451)			(19,306)

The amount of admitted adjusted gross deferred tax asset under each component of SSAP10R during 2010 and 2009 is as follows:

		December 31, 2010			December 31, 2009		
		Capital	Ordinary	Total	Capital	Ordinary	Total
Federal income taxes recoverable through loss carry back	10.a	-	447,058	447,058			

NOTES TO FINANCIAL STATEMENTS

Adjusted gross DTA expected to be realized in one year	10.b.i	-	-	-	11,840	430,918	442,758
10% adjusted capital and surplus limit Admitted pursuant to Paragraph 10.b (lesser of i. or ii.)	10 b ii	-	-	2,111,807	-	-	2,362,682
Additional admitted pursuant to Paragraph 10.c		-	72,370	72,370	11,840	(11,840)	-
		-			-	26,647	26,647
Risk-based capital:							
Total adjusted capital							
Authorized control level							
Additional admitted pursuant to 10.e.i	10.e.i	-	-	-	-	-	-
Adjusted gross DTA expected to be realized in three years	10.e.ii. a	-	-	-	-	-	-
15% adjusted statutory capital and surplus limit	10.e.ii. b	-	-	-	-	-	-
Additional permitted pursuant to 10.e.ii (lesser of a or b)		-	-	-	-	-	-
Additional admitted pursuant to 10.e.iii	10.e.iii	-	-	-	-	-	-
		-	-	-	-	-	-
Total Admitted DTA		-	519,428	519,428	11,840	457,564	469,404
Total DTL		-	(72,370)	(72,370)	-	(26,647)	(26,647)
Net admitted DTA		-	447,058	447,058	11,840	430,918	442,758
Non admitted DTA		-	86,626	86,626	-	154,078	154,078

The company has elected not to admit additional deferred tax assets pursuant to SSAP10R paragraph 10.e. The current period election does not differ from prior reporting period.

The tax effects of temporary differences that give rise to significant portions of deferred tax assets and liabilities as of December 31, 2010 and 2009 are as follows:

	2010	2009	Change	Character
Deferred tax assets:				
Unpaid claims	97,264	84,118	13,145	Ordinary
Unearned premiums	163,740	146,712	17,028	Ordinary
Allowance for doubtful accounts	810	840	(29)	Ordinary
Depreciation	30,669	17,548	13,121	Ordinary
Intangible amortization	-	-	-	Ordinary
Capital gain/loss	-	11,840	(11,840)	Capital
Other accrued liabilities	93,079	122,665	(29,586)	Ordinary
Non admitted assets	179,962	239,759	(59,797)	Ordinary
Net operating loss carryforward	-	-	-	Ordinary
Other	40,530	-	40,530	Ordinary
Total deferred tax assets	606,054	623,482	(17,428)	
Non admitted deferred tax assets	(86,626)	(154,078)	67,451	
Admitted deferred tax assets	519,428	469,404	50,024	
Deferred tax liabilities				
Unrealized gain	-	-	-	Ordinary
Other	(72,370)	(26,647)	(45,723)	Ordinary
Total Deferred tax liabilities	(72,370)	(26,647)	(45,723)	
Net admitted deferred tax assets	447,058	442,758	4,301	
	-	-	-	

The provision for income taxes on earnings for years ended December 31, 2010 and 2009 are:

2010	2009
------	------

NOTES TO FINANCIAL STATEMENTS

Federal	1,967,949	2,675,986
Tax on capital gains	3,259	-
Foreign	-	-
Change in estimate	(7,939)	13,904
Federal and foreign income taxes incurred	<u>1,963,269</u>	<u>2,689,890</u>

The company has no net operating loss carryforwards.

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. These differences for the years ended December 31, 2010 and 2009 may be summarized as follows:

	December 31,	
	2010	2009
Provision computed at statutory rate	2,348,220	2,895,655
Tax-exempt interest, net	(262,777)	(261,324)
State taxes	-	8,270
Change in Estimate	(7,939)	13,903
Unpaid claims	13,145	29,247
Unearned premiums	17,028	6,918
Allowance for doubtful accounts	(29)	(1,079)
Depreciation and amortization	8,566	(17,654)
Capital gains/(losses)	-	9,636
Other accrued liabilities	(49,859)	74,646
Net operating loss utilization	-	-
Other permanent	(139,402)	(67,565)
Other temporary	36,316	(764)
	<u>1,963,269</u>	<u>2,689,890</u>
Income tax provision per accompanying statements of operations-statutory basis	0	0

The amount of federal income taxes incurred in the current and preceding year that are available for recoupment in the event of future losses is as follows:

2010	\$1,963,269
2009	\$2,689,890

The Company does not have any deposits under Section 6603 of the Internal Revenue Code.

10. Information Concerning Parent, Subsidiaries and Affiliates

A-C. The Company has management service agreements with its Parent company and certain affiliates, in which the Parent and affiliates provide information technology, service center and general administrative support services. The Company also provides certain administrative services to various wholly owned subsidiaries of the Parent.

The Company paid a cash dividend to the parent company, Coventry Health Care, Inc. on 07/01/2010, totaling \$4,853,729.

D. Amounts due from related parties and due to related parties are as follows:

December 31, 2010

Due from Related Parties	
Coventry Health Care of Tennessee	21,558

NOTES TO FINANCIAL STATEMENTS

Coventry Health Care Broker Services	141,384
Total Due from Related Parties	162,942

Due to Related Parties	
Coventry Health Care	83,456
Coventry Health & Life, Inc.	189,320
Total Due to Related Parties	272,776

E. NONE

F. The Company receives certain management services from various affiliated companies. These management fees are reflected as general and administrative expenses. Refer to Schedule Y, Part 2 for the amounts of any significant transactions with affiliates.

The Parent Company provides certain management, consulting, computer and administrative services to the Company. The Company also reimburses the Parent for certain expenses paid by the Parent on behalf of the Company. The management fee to the Parent is based on monthly membership and the current year expense is included in Schedule Y, Part 2.

The terms of settlement require that these amounts are settled within 30 days.

G. All outstanding shares of the Company are owed by the Parent Company, which is domiciled in the state of Delaware.

H. – L. NONE

11. Debt

NONE

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans

A. The Company does not sponsor a Defined Benefit Plan.

B. The Company's employees are eligible to participate in a 401(k) defined contribution plan sponsored by the Parent. Employees become eligible to participate in the plan upon their first day of employment. Subject to certain limitations, employees may contribute 75% of their salary to the plan which the Company matches at a rate of 100% up to the first 3% and 50% of the next 3% of each employee's contributions to a maximum of 4.5% of their total salary. The Company contributed \$165,782 to the 401(k) plan in 2010 (current year) and \$146,457 in 2009 (prior year).

C. The Company does not offer multiple-employer plans.

D. The Company does not offer consolidated / holding company plans.

E. The Company does not have an obligation for any post-employment benefits or compensated absences.

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

1) The Company has no shares of common capital stock authorized, issued or outstanding.

2) The Company has no preferred stock authorized or outstanding.

3) Dividends to shareholders are paid as declared by its Board of Directors, from earned surplus of the Company, not including surplus arising from the sale of stock. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Louisiana, to the extent that net worth is greater than the minimum net worth required and retained earning is a positive amount.

NOTES TO FINANCIAL STATEMENTS

- 4) An extra-ordinary dividend in the amount of \$ 4,853,729 on 07/07/2010 was paid by the Company to its Parent.
- 5) Within the limitations of 3) above, there are no other restrictions placed on the portion of Company profits that may be paid as ordinary dividends to the stockholder.
- 6) There are no other restrictions on the Company's surplus.
- 7) The Company does not have any advances to surplus not repaid.
- 8) There are no amounts of the Company's common capital stock being held for special purposes.
- 9) NONE.
- 10) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. Unrealized gains and losses	\$ 0
b. Non-admitted asset value	\$ 514,177
c. Separate account business	\$ 0
d. Asset valuation reserve	\$ 0
e. Reinsurance in unauthorized companies	\$ 0
- 11) The Company has no surplus debentures or similar obligations outstanding.
- 12) The Company has no prior quasi-reorganizations.
- 13) The Company has no quasi-reorganizations.

14. Contingencies

A. Contingent Commitments

NONE

B. Assessments

The Company has not received notification regarding any Louisiana Health Insurance Pool for the insolvency of an insurance company.

C. Gain Contingencies

NONE

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

NONE

E. All Other Contingencies

The Company is involved in various legal actions arising in the normal course of business. After review, including consultation with legal counsel, management believes any ultimate liability that could arise from these actions would not materially affect the Company's financial position. The Company has no assets that it considers to be impaired.

The Company is contingently liable for certain costs in the event that a capitated provider is unable to meet its contractual obligations. The Company has committed no additional reserves to cover any material contingent liabilities.

15. Leases

A. Lessee Operating Lease

The Company leases its office facilities and certain office equipment under non-cancelable operating leases expiring in various years through 2014. Rent expense for the years ended December 31, 2010 and 2009 was \$375,430 and \$330,328, respectively. Future minimum lease payments under non-cancelable operating leases with initial lease terms over one year are as follows:

NOTES TO FINANCIAL STATEMENTS

2011	370,844
2012	328,135
2013	334,855
2014	55,996
2015	<u>0</u>
Total	<u>\$1,089,830</u>

The Company is not involved in any sales leaseback transactions.

B. Lessor Leases

NONE

16. Information About Financial Instruments With off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

NONE

17. Sale, Transfers and Servicing of Financial Assets and Extinguishment of Liabilities

NONE

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

A. Administrative Service Only (ASO) Plans

The gain from operation of ASO uninsured plans was as follows for 2010:

a. Net reimbursement for administrative expenses in excess of actual expenses	\$648,963
b. Other income or expenses (including interest paid or received from the plans)	<u>(\$177,622)</u>
c. Net gain from operations	\$471,341
d. The claim payment volume for ASO plans was \$ 11,889,253	

B. Administrative Service Contracts (ACS) Plans.

NONE

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

NONE

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

NONE

20. Other Items

A. Extraordinary Items

NONE

B. Troubled Debt Restructuring: Debtors

NONE

C. Other Disclosures

NONE

D. Uncollectible Balances

The Company establishes and routinely monitors the allowance for uncollectible accounts. Management considers the allowance to be adequate.

E. Business Interruption Insurance Recoveries

NONE

NOTES TO FINANCIAL STATEMENTS

F. State Transferable Tax Credits

NONE

G. Sub-prime mortgage related risk exposure

1. NONE
2. NONE
3. NONE

21. Events Subsequent

NONE

22. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes() No(X)
If yes, give full details.
2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
Yes() No(X)
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes() No(X)
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.
 - b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for this agreement in this statement?
2. Does the reporting entity have any reinsurance agreement in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collect under the reinsured policies?
Yes() No(X)
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making these estimates. None
2. Have any new agreement been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force

NOTES TO FINANCIAL STATEMENTS

or which had existing reserves established by the company as of the effective date of the agreement?

Yes() No(X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreement or amendments?

B. Uncollectible Reinsurance

NONE

C. Commutation of Ceded Reinsurance

NONE

23. Respectively Rated Contracts and Contracts Subject to Redetermination

NONE

24. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2010 were \$14,151,892. As of December 31, 2010, \$11,753,898 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior year are now \$ 0 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on group and individual lines of business. Therefore, there has been \$535,901 favorable prior year development since December 31, 2009. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. There are no retrospectively rated contracts subject to redetermination.

25. Intercompany Pooling Arrangements

NONE

26. Structured Settlements

NONE

27. Health Care Receivables

In accordance with SSAP No. 84 – “Certain Health Care Receivable and Receivables Under Government Insured Plans”, the following disclosures are made regarding pharmaceutical rebate receivables and risk sharing receivables:

A. Pharmaceutical Rebates Receivables

None

B. Risk Sharing Receivables

None

28. Participating Policies

NONE

29. Premium Deficiency Reserves

NONE

30. Anticipated Salvage and Subrogation

NONE

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating?..... LOUISIANA.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2005
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2005
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).06/27/2007
- 3.4 By what department or departments? LOUISIANA DEPARTMENT OF INSURANCE.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
- 7.21 State the percentage of foreign control0.0
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?.....
Ernst & Young, 621 East Pratt St., Baltimore, MD 21202.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:.....
- 10.3 Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:.....
- 10.5 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.6 If the response to 10.5 is yes, provide information related to this exemption:.....
- 10.7 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.8 If the response to 10.7 is no or n/a, please explain:.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....
Jennifer Leazzo 3200 Highland Ave. Downers Grove, IL 60515.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?..... Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved.....
- 12.13 Total book/adjusted carrying value..... \$.....
- 12.2 If yes, provide explanation.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).....
THE CODE OF ETHICS WAS AMENDED FOR ALL EMPLOYEES TO REFLECT CURRENT PRACTICES AND MAKE MINOR CORRECTIONS.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).....

GENERAL INTERROGATORIES

BOARD OF DIRECTORS

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

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | | | |
|--|---|---------|---|--|
| | 19.11 To directors or other officers .. | \$..... | 0 | |
| | 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 Accounts, exclusive of policy loans):
- | | | | | |
|--|---|---------|---|--|
| | 19.21 To directors or other officers .. | \$..... | 0 | |
| | 19.22 To stockholders not officers .. | \$..... | 0 | |
| | 19.23 Trustees, supreme or grand (Fraternal only) | \$..... | 0 | |
- 20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 20.2 If yes, state the amount thereof at December 31 of the current year:
- | | | | | |
|--|----------------------------------|---------|---|--|
| | 20.21 Rented from others | \$..... | 0 | |
| | 20.22 Borrowed from others | \$..... | 0 | |
| | 20.23 Leased from others | \$..... | 0 | |
| | 20.24 Other | \$..... | 0 | |
- 21.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []
- 21.2 If answer is yes:
- | | | | | |
|--|--|---------|--------|--|
| | 21.21 Amount paid as losses or risk adjustment | \$..... | 15,986 | |
| | 21.22 Amount paid as expenses | \$..... | 43,982 | |
| | 21.23 Other amounts paid | \$..... | 0 | |
- 22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$.....

INVESTMENT

- 23.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 23.3)..... Yes [] No [X]
- 23.2 If no, give full and complete information, relating thereto
Citi Bank
- 23.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 23.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?..... Yes [] No [] NA [X]
- 23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs. \$.....
- 23.6 If answer to 23.4 is no, report amount of collateral for other programs. \$.....
- 23.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?..... Yes [] No [] NA [X]
- 23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?..... Yes [] No [] NA [X]
- 23.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?..... Yes [] No [] NA [X]

GENERAL INTERROGATORIES

24.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 20.1 and 23.3). Yes [] No [X]

24.2 If yes, state the amount thereof at December 31 of the current year:

	24.21 Subject to repurchase agreements	\$
	24.22 Subject to reverse repurchase agreements	\$
	24.23 Subject to dollar repurchase agreements	\$
	24.24 Subject to reverse dollar repurchase agreements	\$
	24.25 Pledged as collateral	\$
	24.26 Placed under option agreements	\$
	24.27 Letter stock or securities restricted as to sale	\$
	24.28 On deposit with state or other regulatory body	\$
	24.29 Other	\$

24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

26.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

26.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

1 Name of Custodian(s)	2 Custodian's Address
WACHOVIA NATIONAL BANK.....	740 15TH ST NW, 3RD FLOOR, WASHINGTON, DC 20005.....
CITIBANK.....	111 WALL ST, NEW YORK, NY 10043.....

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

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

27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year? Yes [] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
NASD 1512.....	CONNING.....	185 ASYLUM ST, CITY PLACE II, HARTFORD, CT 06032.....
105900.....	NEW ENGLAND ASSET MANAGEMENT.....	POND VIEW CORPORATE CENTER, 76 BATTERSON PARK RD, FARMINGTON, CT 06032.....
104594.....	EVERGREEN.....	22 WATER ST, SUITE 500 JACKSONVILLE, FL 32202.....

GENERAL INTERROGATORIES

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

28.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
28.2999 TOTAL		0

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

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

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.....	43,154,644	44,728,801	1,574,157
29.2 Preferred Stocks.....	0	0	0
29.3 Totals	43,154,644	44,728,801	1,574,157

29.4 Describe the sources or methods utilized in determining the fair values:.....
 Statement values of bonds have been determined in accordance with NAIC guidelines. Fair value is determined by a widely accepted third-party vendor followed by a hierarchy using broker/dealer quotes, Bloomberg, yield book analytic model and a benchmark to index model..

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 [] No [X]

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 copy or electronic copy) for all brokers or custodians used as a pricing source?..... Yes [] No []

30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:.....

31.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?..... Yes [X] No []

31.2 If no, list exceptions:.....

GENERAL INTERROGATORIES

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 payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....

- 33.1 Amount of payments for legal expenses, if any? \$109,063
- 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 legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Middleberg Riddle & Gianna.....	\$.....46,847
McGlinchey Stafford PLLC.....	\$.....37,281
.....	\$.....

- 34.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$3,000
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Jim Donelon.....	\$.....1,000
Newell Normand.....	\$.....1,000

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U. S. business only \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$0
- 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$138,937,395	\$	.....108,970,223
2.2	Premium Denominator	\$138,937,394	\$	.....108,970,223
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$14,151,892	\$	.....12,289,790
2.5	Reserve Denominator	\$14,151,892	\$	.....12,289,799
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$436,111
- 5.32 Medical Only \$0
- 5.33 Medicare Supplement \$0
- 5.34 Dental and Vision \$0
- 5.35 Other Limited Benefit Plan \$0
- 5.36 Other \$0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
HOLD HARMLESS CLAUSES
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details:
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year6,442
- 8.2 Number of providers at end of reporting year7,314
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months0
- 9.22 Business with rate guarantees over 36 months0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- | | | |
|--|---|----------|
| | 10.21 Maximum amount payable bonuses | \$.....0 |
| | 10.22 Amount actually paid for year bonuses | \$.....0 |
| | 10.23 Maximum amount payable withholds | \$.....0 |
| | 10.24 Amount actually paid for year withholds | \$.....0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|--|---|------------------|
| | 11.12 A Medical Group/Staff Model, | Yes [] No [X] |
| | 11.13 An Individual Practice Association (IPA), or, | Yes [] No [X] |
| | 11.14 A Mixed Model (combination of above) ? | Yes [X] No [] |
| | | Yes [X] No [] |
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? LOUISIANA.....
- 11.3 If yes, show the name of the state requiring such net worth. \$.....2,000,000
- 11.4 If yes, show the amount required.
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation.
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Allen.....
Ascension.....
Assumption.....
Beauregard.....
Bienville.....
Bossier.....
Caddo.....
Calcasieu.....
Cameron.....
De Soto.....
East Baton Rouge.....
East Feliciana.....
Hancock.....
Iberville.....
Jefferson.....
Jefferson Davis.....
Lafayette.....
Lafourche.....
Livingston.....
Livingston/Tangipahoa.....
Orleans.....
Plaquemines.....
Pointe Coupee.....
Red River.....
St. Bernard.....
St. Charles.....
St. Helena.....
St. James.....
St. John the Baptist.....
St. Mary.....
St. Tammany.....
Tangipahoa.....
Terrebonne.....
Vermilion.....
Vernon.....
Washington.....
Webster.....
West Baton Rouge.....
West Feliciana.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

FIVE - YEAR HISTORICAL DATA

	1 2010	2 2009	3 2008	4 2007	5 2006
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	44,358,396	44,004,426	40,635,187	56,298,884	68,373,128
2. Total liabilities (Page 3, Line 24)	20,490,811	20,410,949	16,767,704	18,111,460	21,336,211
3. Statutory surplus	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
4. Total capital and surplus (Page 3, Line 33)	23,867,588	23,593,477	23,867,484	38,187,423	47,036,916
Income Statement (Page 4)					
5. Total revenues (Line 8)	138,937,394	108,970,223	98,122,980	104,204,069	150,641,644
6. Total medical and hospital expenses (Line 18)	113,065,916	84,849,935	73,398,606	86,551,329	97,033,331
7. Claims adjustment expenses (Line 20)	4,780,325	3,494,524	2,556,489	2,626,177	2,092,010
8. Total administrative expenses (Line 21)	15,475,688	13,533,767	8,372,839	9,274,312	16,400,106
9. Net underwriting gain (loss) (Line 24)	5,615,465	7,091,997	13,795,047	5,752,251	35,116,197
10. Net investment gain (loss) (Line 27)	1,174,023	1,095,226	1,676,138	2,454,863	2,901,955
11. Total other income (Lines 28 plus 29)	(83,548)	(5,544)	(3,248)	10,909	(53,021)
12. Net income or (loss) (Line 32)	4,745,930	5,884,697	10,428,270	6,338,812	25,468,357
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	5,609,174	9,240,664	13,537,363	718,263	(9,468,500)
Risk-Based Capital Analysis					
14. Total adjusted capital	23,867,588	23,593,477	23,867,484	38,187,423	47,036,916
15. Authorized control level risk-based capital	4,674,127	3,438,017	2,842,010	3,437,849	3,880,844
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	42,585	36,490	30,063	28,733	40,448
17. Total members months (Column 6, Line 7)	502,892	400,210	331,638	363,351	542,672
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	81.4	77.9	74.8	83.1	64.4
20. Cost containment expenses	1.4	1.0	1.1	1.0	0.7
21. Other claims adjustment expenses	2.0	2.2	1.5	1.6	0.7
22. Total underwriting deductions (Line 23)	96.0	93.5	85.9	94.5	76.7
23. Total underwriting gain (loss) (Line 24)	4.0	6.5	14.1	5.5	23.3
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	11,753,898	5,625,766	6,117,269	7,282,234	19,581,612
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	12,289,799	8,030,508	8,081,651	12,748,580	49,263,553
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

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:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	N							0	0
15. Indiana	IN	N							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	L	128,164,855			12,992,251			141,157,106	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	N							0	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	N							0	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CN	N							0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		128,164,855	0	0	12,992,251	0	0	141,157,106	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1		128,164,855	0	0	12,992,251	0	0	141,157,106	0
DETAILS OF WRITE-INS										
5801.	XXX								0	
5802.	XXX								0	
5803.	XXX								0	
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	0	0	0	0	0	0	

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

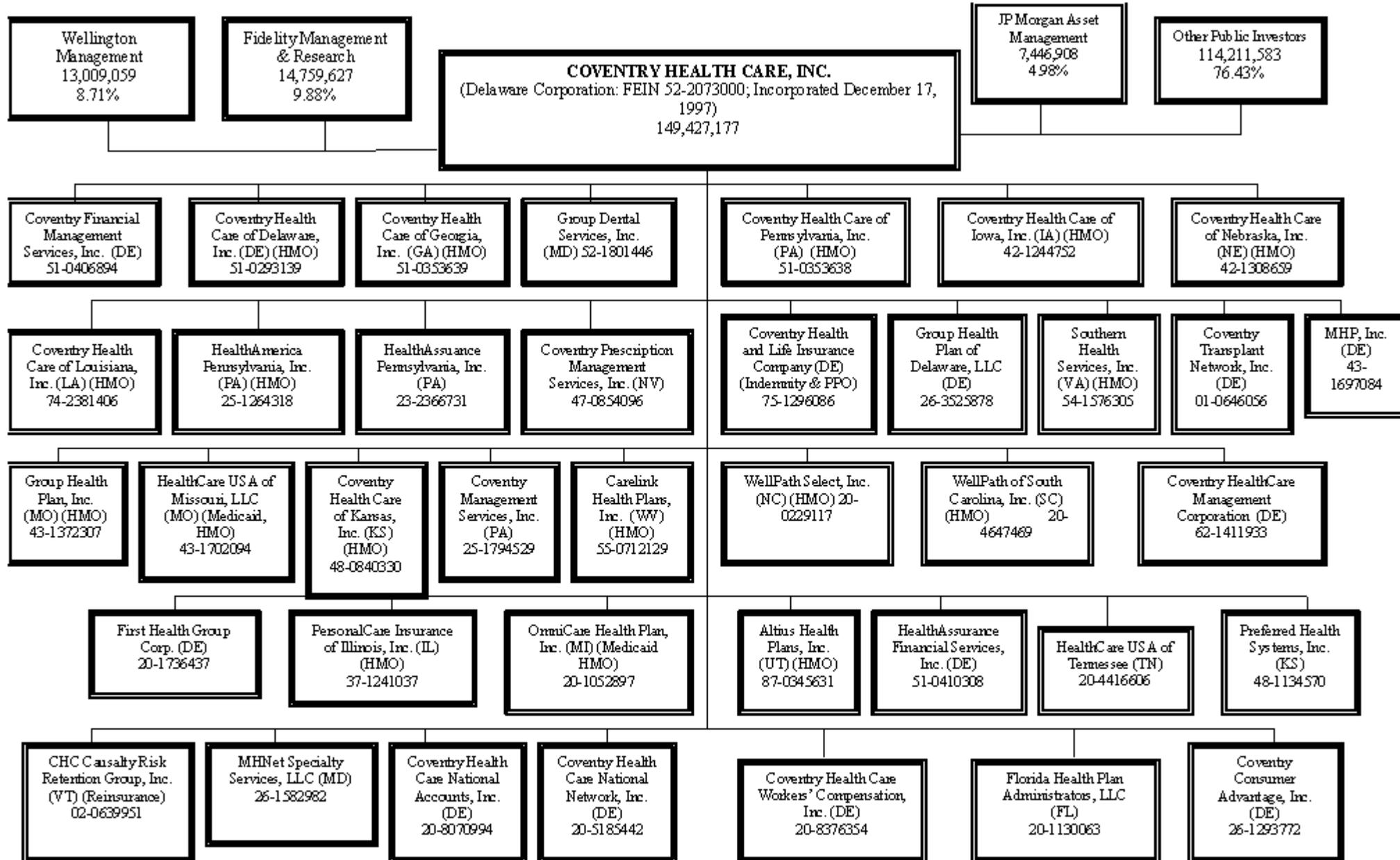
Explanation of basis of allocation by states, premiums by state, etc.: ALL BUSINESS IN CONDUCTED IN LOUISIANA

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Coventry Health Care of Louisiana, Inc.

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

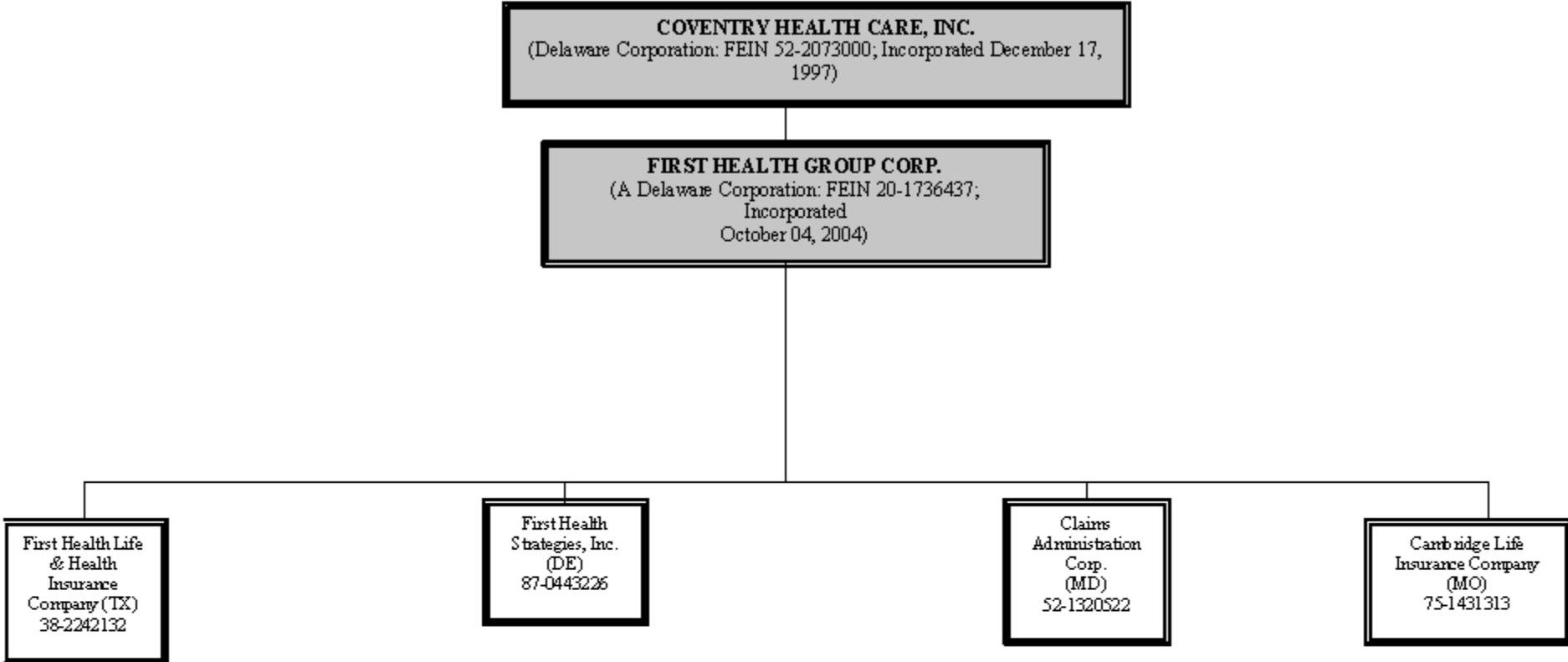
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



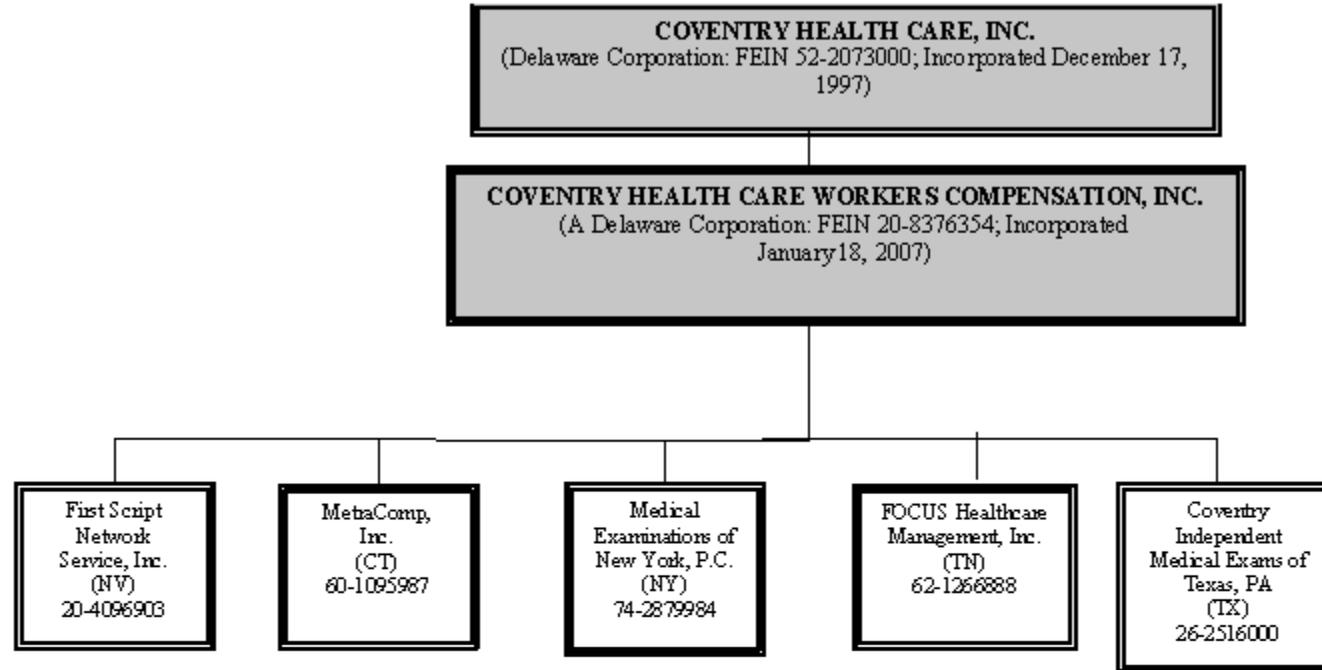
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



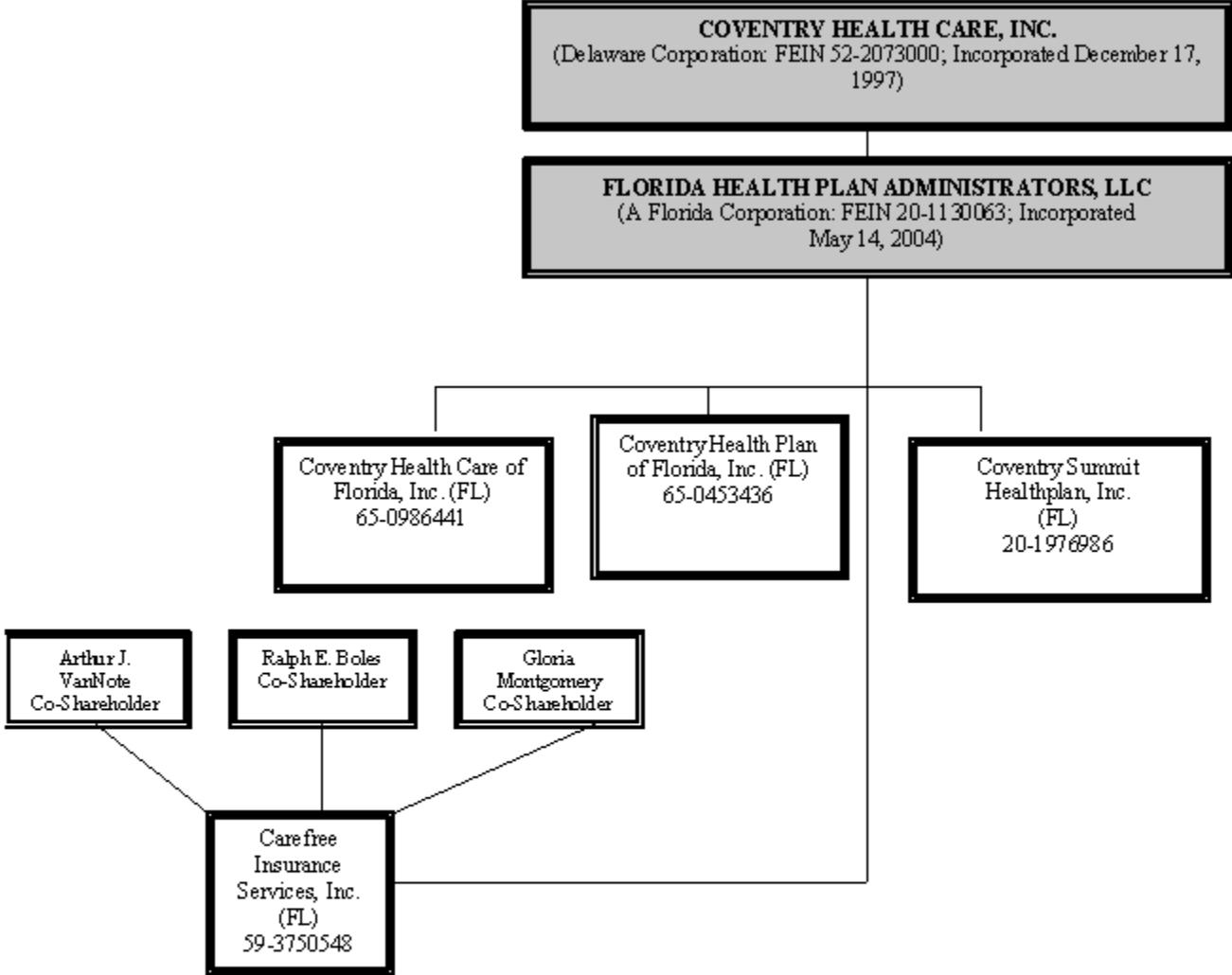
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



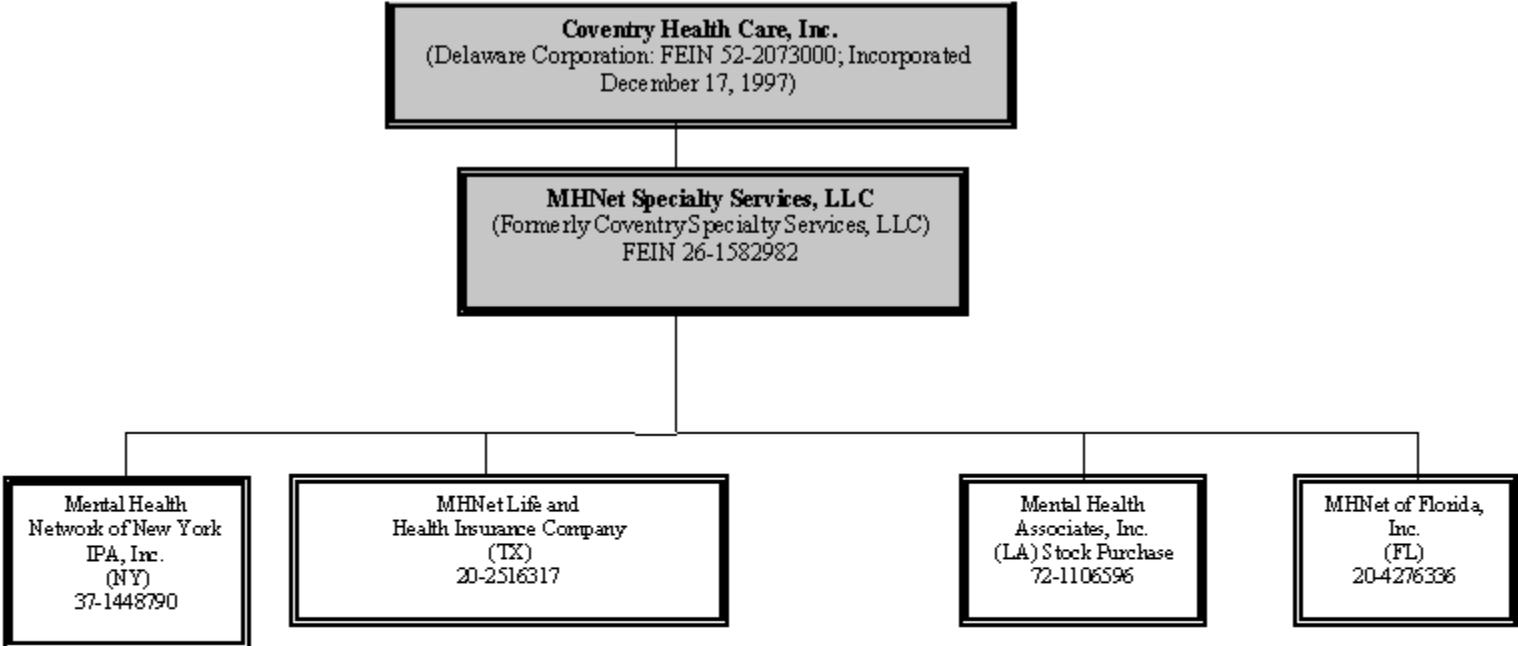
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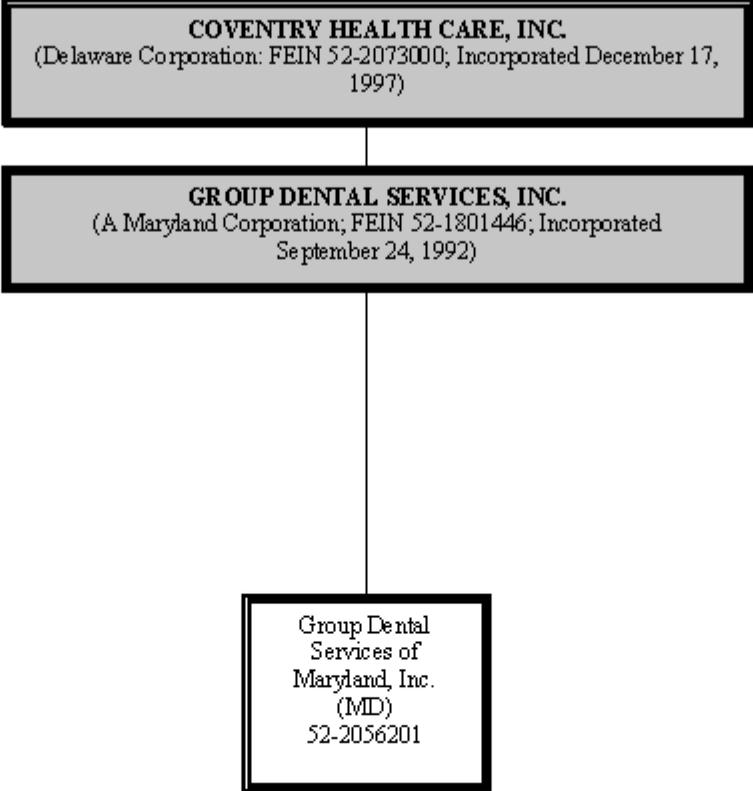
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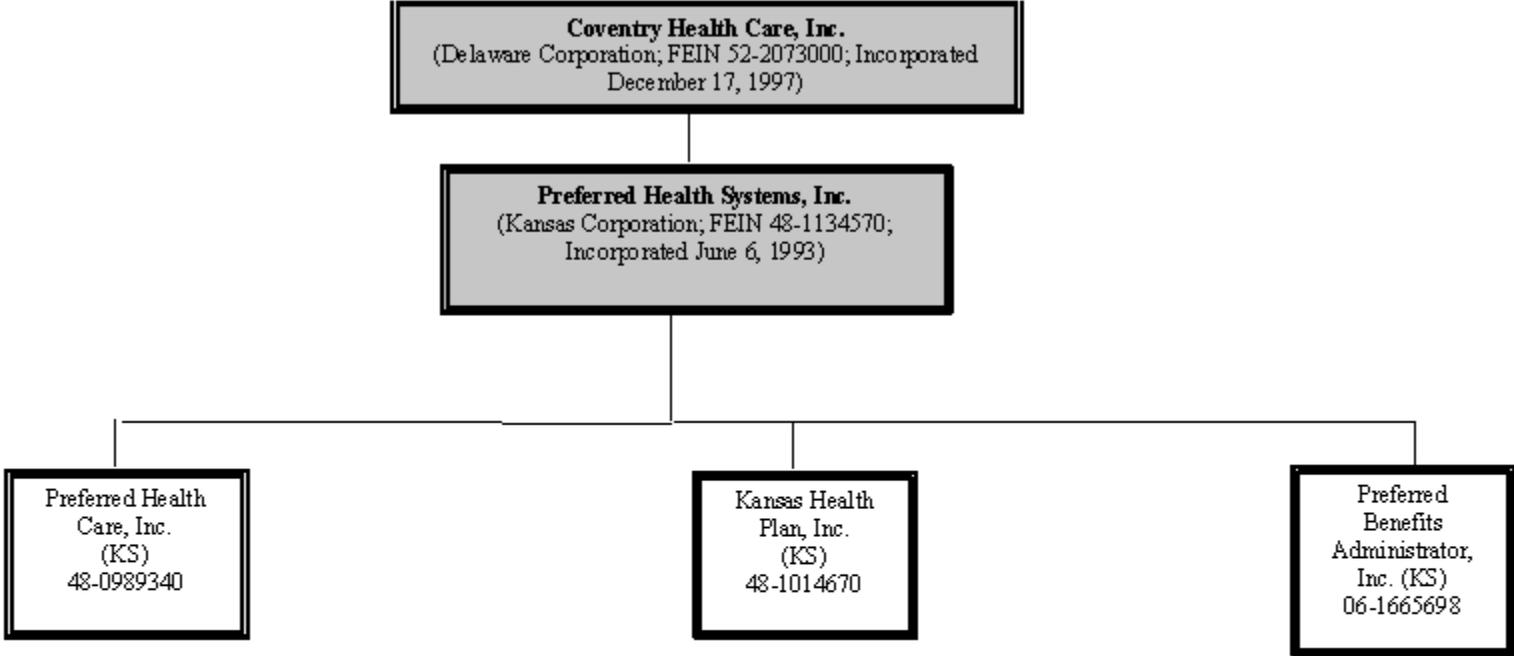
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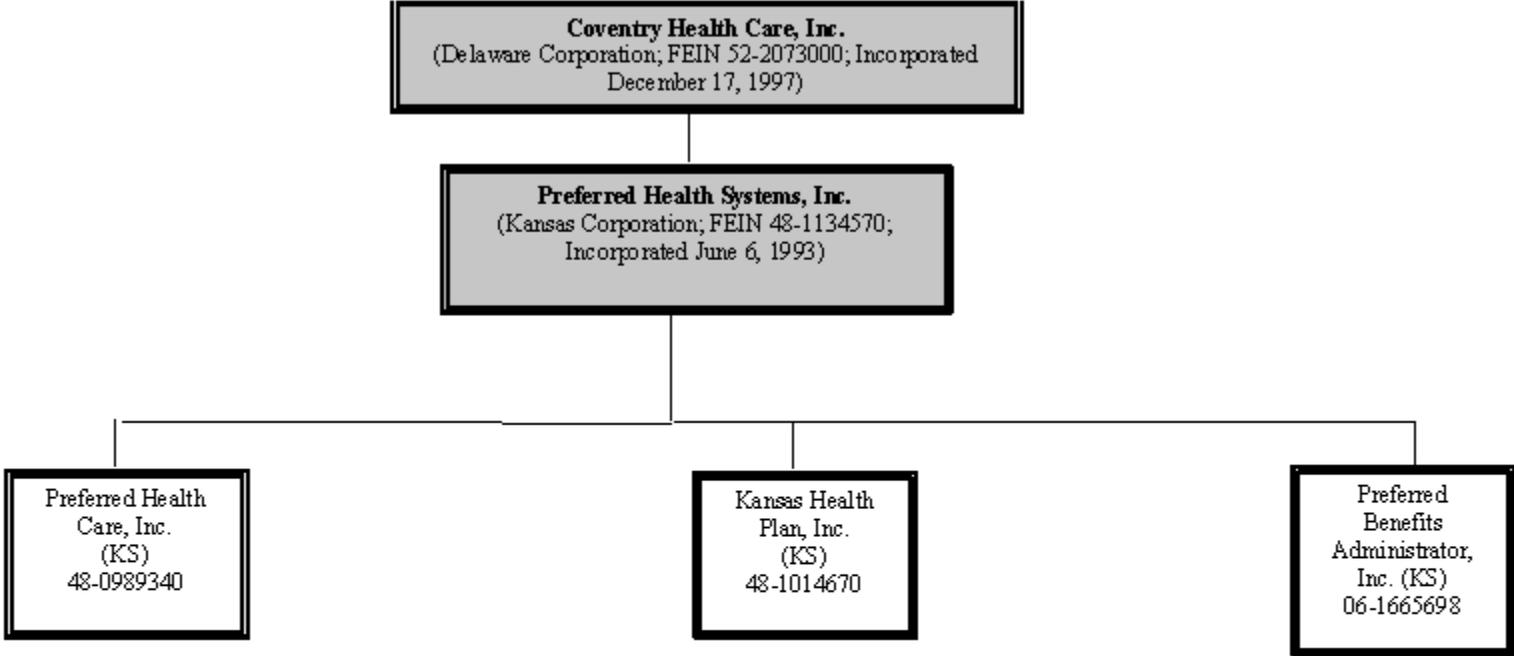
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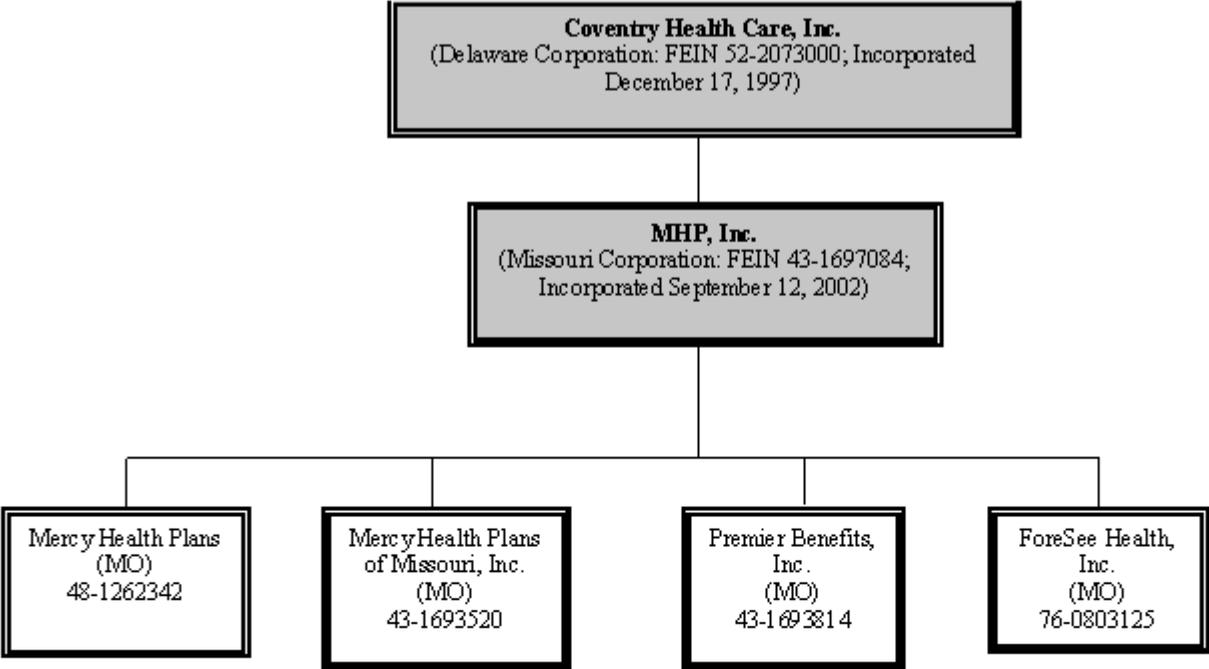
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PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	SI13
Schedule DB – Part C – Section 2	SI14
Schedule DB – Part D	E22
Schedule DB – Verification	SI15
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer’s Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

