



QUARTERLY STATEMENT

AS OF JUNE 30, 2010
OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of Louisiana, Inc.

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

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 or Town, State and Zip Code)

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

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

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

Internet Web Site Address www.cvty.com

Statutory Statement Contact John Philip Caire III 504-834-0840
(Name) (Area Code) (Telephone Number) (Extension)
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(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>
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State of LOUISIANA ss
 County of JEFFERSON

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

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 _____

Subscribed and sworn to before me this _____ day of _____

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	36,081,185		36,081,185	28,054,618
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (2,093,032)), cash equivalents (\$ 2,152,929) and short-term investments (\$ 7,119,440)	7,179,337		7,179,337	12,878,312
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities	118		118	110
10. Aggregate write-ins for invested assets	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10)	43,260,640	0	43,260,640	40,933,041
12. Title plants less \$ charged off (for Title insurers only)			0	0
13. Investment income due and accrued	369,393		369,393	309,515
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection	1,691,635		1,691,635	1,539,466
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
14.3 Accrued retrospective premiums			0	0
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers	646,452		646,452	3,795
15.2 Funds held by or deposited with reinsured companies			0	0
15.3 Other amounts receivable under reinsurance contracts			0	0
16. Amounts receivable relating to uninsured plans	4,627		4,627	152,909
17.1 Current federal and foreign income tax recoverable and interest thereon	107,213		107,213	815,280
17.2 Net deferred tax asset	596,834	154,077	442,757	235,996
18. Guaranty funds receivable or on deposit			0	0
19. Electronic data processing equipment and software			0	0
20. Furniture and equipment, including health care delivery assets (\$)	104,146	92,272	11,874	14,424
21. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
22. Receivables from parent, subsidiaries and affiliates			0	0
23. Health care (\$) and other amounts receivable	1,381,322		1,381,322	0
24. Aggregate write-ins for other than invested assets	476,681	476,681	0	0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	48,638,943	723,030	47,915,913	44,004,426
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
27. Total (Lines 25 and 26)	48,638,943	723,030	47,915,913	44,004,426
DETAILS OF WRITE-INS				
1001.			0	0
1002.			0	0
1003.			0	0
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	0	0	0	0
2401. PREPAID EXPENSES	76,080	76,080	0	0
2402. INTANGIBLE ASSETS	400,601	400,601	0	0
2403. Other Long Term Assets	0		0	0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	476,681	476,681	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$192,145 reinsurance ceded).....	12,829,043	1,666,249	14,495,292	12,289,799
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	231,049		231,049	177,168
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,483,609		2,483,609	2,095,890
9. General expenses due or accrued	1,561,694		1,561,694	2,735,328
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	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	35,036		35,036	9,623
13. Remittances and items not allocated	236,317		236,317	454,179
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,181,334		1,181,334	507,674
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
19. Reinsurance in unauthorized companies			0	0
20. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
21. Liability for amounts held under uninsured plans			0	0
22. Aggregate write-ins for other liabilities (including \$ current)	2,239,656	0	2,239,656	2,141,287
23. Total liabilities (Lines 1 to 22).....	20,797,737	1,666,249	22,463,986	20,410,949
24. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
25. Common capital stock	XXX	XXX		0
26. Preferred capital stock	XXX	XXX		0
27. Gross paid in and contributed surplus	XXX	XXX	55,784,720	55,784,720
28. Surplus notes	XXX	XXX		0
29. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
30. Unassigned funds (surplus)	XXX	XXX	(30,332,793)	(32,191,243)
31. Less treasury stock, at cost:				
31.1 .....shares common (value included in Line 25 \$)	XXX	XXX		0
31.2 .....shares preferred (value included in Line 26 \$)	XXX	XXX		0
32. Total capital and surplus (Lines 24 to 30 minus Line 31)	XXX	XXX	25,451,927	23,593,477
33. Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	47,915,913	44,004,426
DETAILS OF WRITE-INS				
2201. OPM PAYABLE.....	2,239,656		2,239,656	2,141,287
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	2,239,656	0	2,239,656	2,141,287
2401.	XXX	XXX		0
2402.	XXX	XXX		0
2403.	XXX	XXX		0
2498. Summary of remaining write-ins for Line 24 from overflow page	XXX	XXX	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	XXX	XXX	0	0
2901.	XXX	XXX		0
2902.	XXX	XXX		0
2903.	XXX	XXX		0
2998. Summary of remaining write-ins for Line 29 from overflow page	XXX	XXX	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	248,898	188,107	400,210
2. Net premium income (including \$ non-health premium income).....	XXX	68,296,199	51,036,747	108,970,223
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0	0
5. Risk revenue.....	XXX		0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	68,296,199	51,036,747	108,970,223
Hospital and Medical:				
9. Hospital/medical benefits.....		37,529,862	25,167,864	60,954,541
10. Other professional services.....		627,096	437,440	741,087
11. Outside referrals.....		6,039,366	1,119,529	3,401,953
12. Emergency room and out-of-area.....		3,546,222	2,443,206	6,172,056
13. Prescription drugs.....		8,919,900	6,558,724	15,183,888
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15).....	0	56,662,445	35,726,763	86,453,525
Less:				
17. Net reinsurance recoveries.....		493,453	(118,630)	1,603,590
18. Total hospital and medical (Lines 16 minus 17).....	0	56,168,992	35,845,394	84,849,935
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 143,118 cost containment expenses.....		1,716,732	1,583,184	3,494,524
21. General administrative expenses.....		8,145,616	6,093,891	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	66,031,340	43,522,468	101,878,226
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	2,264,858	7,514,279	7,091,997
25. Net investment income earned.....		570,896	598,810	1,129,054
26. Net realized capital gains (losses) less capital gains tax of \$.....			(43)	(33,828)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	570,896	598,766	1,095,226
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)].....		(74,307)	4,268	(5,544)
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	2,761,448	8,117,313	8,181,680
31. Federal and foreign income taxes incurred.....	XXX	1,225,831	2,623,778	2,296,983
32. Net income (loss) (Lines 30 minus 31).....	XXX	1,535,617	5,493,535	5,884,697
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.			0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	23,593,477	23,867,483	23,867,483
34. Net income or (loss) from Line 32	1,535,617	5,493,535	5,884,697
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	360,838	0	(221,013)
39. Change in nonadmitted assets	(38,007)	37,173	62,310
40. Change in unauthorized reinsurance	0	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	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		(6,000,000)	(6,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	1,858,448	(469,292)	(274,006)
49. Capital and surplus end of reporting period (Line 33 plus 48)	25,451,925	23,398,191	23,593,477
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	68,531,748	51,178,721	109,613,726
2. Net investment income	511,018	611,730	1,170,877
3. Miscellaneous income	(1,381,322)	0	0
4. Total (Lines 1 to 3)	67,661,444	51,790,450	110,784,603
5. Benefit and loss related payments	54,606,156	36,253,318	80,592,183
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	10,759,512	7,750,952	16,780,151
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	724,525	3,602,048	4,171,605
10. Total (Lines 5 through 9)	66,090,193	47,606,318	101,543,939
11. Net cash from operations (Line 4 minus Line 10)	1,571,252	4,184,132	9,240,664
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	848,987	606,602	5,448,932
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(43)	(43)
12.7 Miscellaneous proceeds	0	0	233
12.8 Total investment proceeds (Lines 12.1 to 12.7)	848,987	606,559	5,449,122
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,643,818	1,124,250	4,164,029
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	7	21	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,643,825	1,124,271	4,164,029
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,794,838)	(517,712)	1,285,093
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	6,000,000	6,000,000
16.6 Other cash provided (applied).....	(3,475,388)	375,197	73,256
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(3,475,388)	(5,624,803)	(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)	(5,698,975)	(1,958,383)	4,599,012
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	12,878,312	8,279,300	8,279,300
19.2 End of period (Line 18 plus Line 19.1)	7,179,337	6,320,917	12,878,312

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	36,490	9,042	24,426	.0	.0	.0	3,022	.0	.0	.0
2. First Quarter	41,654	9,756	29,241	.0	.0	.0	2,657	.0	.0	.0
3. Second Quarter	42,059	10,412	29,044	.0	.0	.0	2,603	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	123,727	28,393	79,518				15,816			
Total Member Ambulatory Encounters for Period:										
7. Physician	131,291	30,129	84,379				16,783			
8. Non-Physician	6,541	1,501	4,204				836			
9. Total	137,832	31,630	88,583	0	0	0	17,619	0	0	0
10. Hospital Patient Days Incurred	5,057	325	4,151				581			
11. Number of Inpatient Admissions	1,266	106	1,063				97			
12. Health Premiums Written (a).....	69,389,420	8,724,464	54,102,649				6,562,307			
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	69,389,420	8,724,464	54,102,649				6,562,307			
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	55,869,248	8,457,915	43,135,808				4,275,525			
18. Amount Incurred for Provision of Health Care Services	56,662,445	7,189,692	45,765,605				3,707,148			

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	9,908,297	39,779,677	191,597	13,155,234	10,099,894	10,585,402
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan	956,233	3,319,292	16,486	1,131,975	972,719	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).....	10,864,530	43,098,969	208,083	14,287,209	11,072,613	12,289,799
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts0	.0
13. Totals	10,864,530	43,098,969	208,083	14,287,209	11,072,613	12,289,799

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Coventry Healthcare of Louisiana, Inc. are presented on the basis of accounting practices prescribed or permitted by the Louisiana Insurance Department.

The Louisiana Insurance Department 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 the Louisiana Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001, (NAIC SAP) has been adopted in full as a component of prescribed or permitted practices by the state of Louisiana. There is no deviation from the NAIC *Accounting Practices and Procedures* manual.

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

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

C. Accounting Policy

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.

The company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the interest method.
- (3) No common stocks are owned.
- (4) No preferred stocks are owned.
- (5) No mortgage loans are owned.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.
- (7) No investments in subsidiaries, controlled or affiliated investments.
- (8) No investments in joint ventures, partnerships and limited liability companies.
- (9) No derivatives instruments.
- (10) 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. Anticipated investment income and medical discounts are considered when calculating the company's premium deficiency reserve.
- (11) Management removes high dollar and transplant claims that are known from its modeling before calculating the IBNR. These high dollar and transplant claims are added to the IBNR reserve to arrive at a conservative amount.

2. Accounting Changes and Corrections of Errors

A. Starting in 2001, Coventry Healthcare of Louisiana, Inc. implemented the guidance within the NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001.

B. Initial Implementation of Codification:

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Louisiana. Effective January 1, 2001, the State of Louisiana required that insurance companies domiciled in the State of Louisiana prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001 subject to any deviations prescribed or permitted by the State of Louisiana insurance commissioner. Accounting changes adopted to conform to the provisions of the

NOTES TO FINANCIAL STATEMENTS

NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that increased unassigned funds (surplus), of \$309,051 as of January 1, 2001. This total adjustment is an increase in unassigned funds of approximately \$309,051 related to deferred tax assets.

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

A. Mortgage Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Loan-Backed Securities

(1) No loaned-backed securities held were purchased prior to January 1, 1994.

(2) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from Bloomberg and broker dealer survey values.

(3) The Company used Interactive Data Corporation in determining the market value of its loan-backed securities.

(4) The Company has no negative yield situations requiring a change from retrospective to prospective method.

E. Repurchase Agreements

Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

7. Investment Income

(A) Due and accrued income was not excluded from surplus.

(B) The total amount excluded was \$0.00.

8. Derivative Instruments

Not Applicable

9. Income Taxes - No significant changes.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Names of the companies that directly or indirectly own or control the Company.

All outstanding shares of the Company are owned by Coventry Health Care, Inc (Parent). The Parent was incorporated in Delaware and has its corporate headquarters in Bethesda, Maryland.

B. Significant transactions by the Company with any affiliated company (excluding reinsurance)

NOTES TO FINANCIAL STATEMENTS

transactions and cost allocation transactions).

1. Refer to page 39 of this Annual Statement (Schedule Y) for any significant transactions with affiliates.

- C. Ownership of any investments in its parent, affiliates, or subsidiaries. NONE
- D. Ownership of any shares of an upstream intermediate or ultimate parent either directly or indirectly via a downstream subsidiary, controlled or affiliated company. NONE
- E. Guarantees for the benefit of an affiliate which result in a material contingent exposure. NONE
- F. Management or service contracts and all cost, sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles.

1. The parent provides certain management, consulting, 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 a per member per month rate from a Management Services Agreement effective January 1, 1999 and amended January 1, 2008. Total management fee paid to the Parent Company in the current year is \$899,733.

- G. Amounts due from or to related parties as of the current year.

At December 31 of the current year, the Company reported \$0 as amounts due from Affiliates and \$507,674 as amounts due to Affiliates. The terms of the settlement require that these amounts be settled within 30 days

11. Debt

Not Applicable

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

A. Defined Contribution Plan

The Company's employees are eligible to participate in a 401K defined contribution plan sponsored by the Parent. Employees become eligible to participate in the plan upon achievement of certain age and length of service requirements. Subject to certain limitations, employees may contribute up to 15% 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 contribution to a maximum of 4.5% of their total salary. The Company's contribution for the plan was \$146,457 and \$147,102 for 2009 and 2008, respectively.

B. Multiemployer Plans - None

C. Consolidated/Holding Company Plans - None

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

- (1) The Company has no authorized nor outstanding shares of common stock.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Louisiana, to the extent that net worth is greater than the minimum net worth requirement and retained earnings is a positive number.
- (4) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (5) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (6) The total amount of advances to surplus not repaid is \$0.00.
- (7) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
 - a. For conversion of preferred stock: 0 shares
 - b. For employee stock options: 0 shares
 - c. For stock purchase warrants: 0 shares
- (8) No balances within special surplus funds.
- (9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

NOTES TO FINANCIAL STATEMENTS

change in net deferred income tax: \$ 0
 nonadmitted asset values: \$600,139
 provision for reinsurance: \$ 0

(10) Surplus Notes – Not Applicable

(11) No quasi-reorganizations.

(12) No quasi-reorganizations.

14. Contingencies

- A. Contingent Commitments – Not Applicable
- B. Assessments – Not Applicable
- C. Gain Contingencies – Not Applicable
- D. All Other Contingencies -

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation are not considered material in relation to the financial position of the Company.

15. Leases

A. Lessee Operating Lease

(1) a. The Company leases its office facilities under three noncancelable operating leases expiring in August 2011, September 2011 and December 2011. The future minimum lease payment under noncancelable operating leases with initial lease terms over one year are approximately \$361,801 in 2010. Rent expense was approximately \$330,328 in 2009 and \$352,000 in 2008. Certain operating leases may have provisions providing for annual adjustments to the minimum rentals and for various renewal options. There are no other significant leasing arrangements.

(2) a. At January 1, 2010, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2010	\$ 361,801
2. 2011	\$ 332,039

(3) The company is not involved in any material sales – leaseback transactions.

B. The Company does not operate as a lessor.

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

Not Applicable

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

- A. Transfers of Receivables reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets - Not Applicable.
- C. Wash Sales - Not Applicable

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

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2009:

- a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses - \$811,284
- b. Total net other income or expense (including interest paid to or received from plans) - \$236,417
- c. Total net gain or loss from operations - \$574,867

NOTES TO FINANCIAL STATEMENTS

d. The claim payment volume - \$15,802,869

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

Not Applicable

20. Other Items

A. Extraordinary Items - Not Applicable

B. Troubled Debt Restructuring: Debtors - Not Applicable

C. Other Disclosures - Not Applicable

D. At December 31, 2009 and 2008 the Company had admitted assets of \$1,539,466 and \$2,084,140, respectively in amounts due from agents. The Company routinely assesses the collectibility of these receivables. Based upon Company experience, less than 1% of the balance may become uncollectible and the potential loss is not material to the Company's financial condition.

E. Noncash Transactions - Not Applicable

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)

(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)

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 credit?

Yes () No (X)

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?

\$0 _____

(2) Does the reporting entity have any reinsurance agreements 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 collected under the reinsured policies?

Yes () No (X)

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 payment 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 this estimate. \$0 _____

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year

NOTES TO FINANCIAL STATEMENTS

of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years has (decreased) by \$12,081,716 from \$12,289,799 in 2009 to \$208,083 in 2010 as a result of reestimation of unpaid claims and claim adjustment expenses principally on commercial group lines of business. 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. Included in this decrease, the Company experienced \$1,217,186 of favorable prior year claim development.

25. Intercompany Pooling Arrangements

Not Applicable.

26. Structured Settlements - Not Applicable

27. Health Care Receivables

A. Pharmaceutical Rebate Receivables - Not Applicable

B. Risk Sharing Receivables - Not Applicable

28. Participating Policies

Not Applicable

29. Premium Deficiencies Reserve

Not Applicable

30. Anticipated Salvage and Subrogation.

Not Applicable.

31. Organization and Operation

Coventry Health Care of Louisiana, Inc. (Company) is a managed care organization that was incorporated in the State of Louisiana and was granted a certificate of authority to operate as a health maintenance organization (HMO) in Louisiana on November 4, 1985. The Company became a wholly-owned subsidiary of Coventry Health Care, Inc. (Parent) effective April 1, 1998 when Principal Health Care, Inc (Former Parent) merged with Coventry Corporation to form Coventry Health Care, Inc. The Former Parent is owned by a wholly-owned subsidiary of Principal Life Insurance Company (Principal). The Company was formerly known as Principal Health Care of Louisiana, Inc. until its name was changed effective January 1, 2000.

The Company was formed to manage and insure the health care benefits of subscribers under employee benefit plans in the private and public sectors. Services are typically provided under one year contracts with employers under which the Company will insure the health benefits of the employees that select HMO coverage. The HMO members also receive services under the standard contract that include utilization management, network management, and claims services. The Company also offers Administrative Services Only (ASO) arrangements to self-insured employee benefit plans to provide a full range of health care options without assuming the related insurance risk..

The Company also offers a Point of Service (POS) plan whereby POS members have an HMO benefit and may also go out of the network for care which is reimbursed, net of coinsurance, after the applicable calendar year deductible is met.

32. Minimum Net Worth

NOTES TO FINANCIAL STATEMENTS

The Company is subject to Louisiana insurance regulations which require the Company to maintain a minimum statutory basis net worth of \$2,000,000. In addition, statutory deposits of cash equivalents or investments of \$1,000,000 are generally required to be maintained within Louisiana as indicated on page E24 of this Annual statement (Schedule E, Part 2).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2005
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2005
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/27/2007
- 6.4 By what department or departments?
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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
.....
.....
.....

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

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

- 9.2 Has the code of ethics for senior managers been amended? Yes No

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

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

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

FINANCIAL

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

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes No

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

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

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes No

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
NASD 1512.....	CONNING.....	185 ASYLUM ST, CITY PLACE 11, 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

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

Yes No

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent 82.5 %

1.2 A&H cost containment percent 0.2 %

1.3 A&H expense percent excluding cost containment expenses 82.3 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

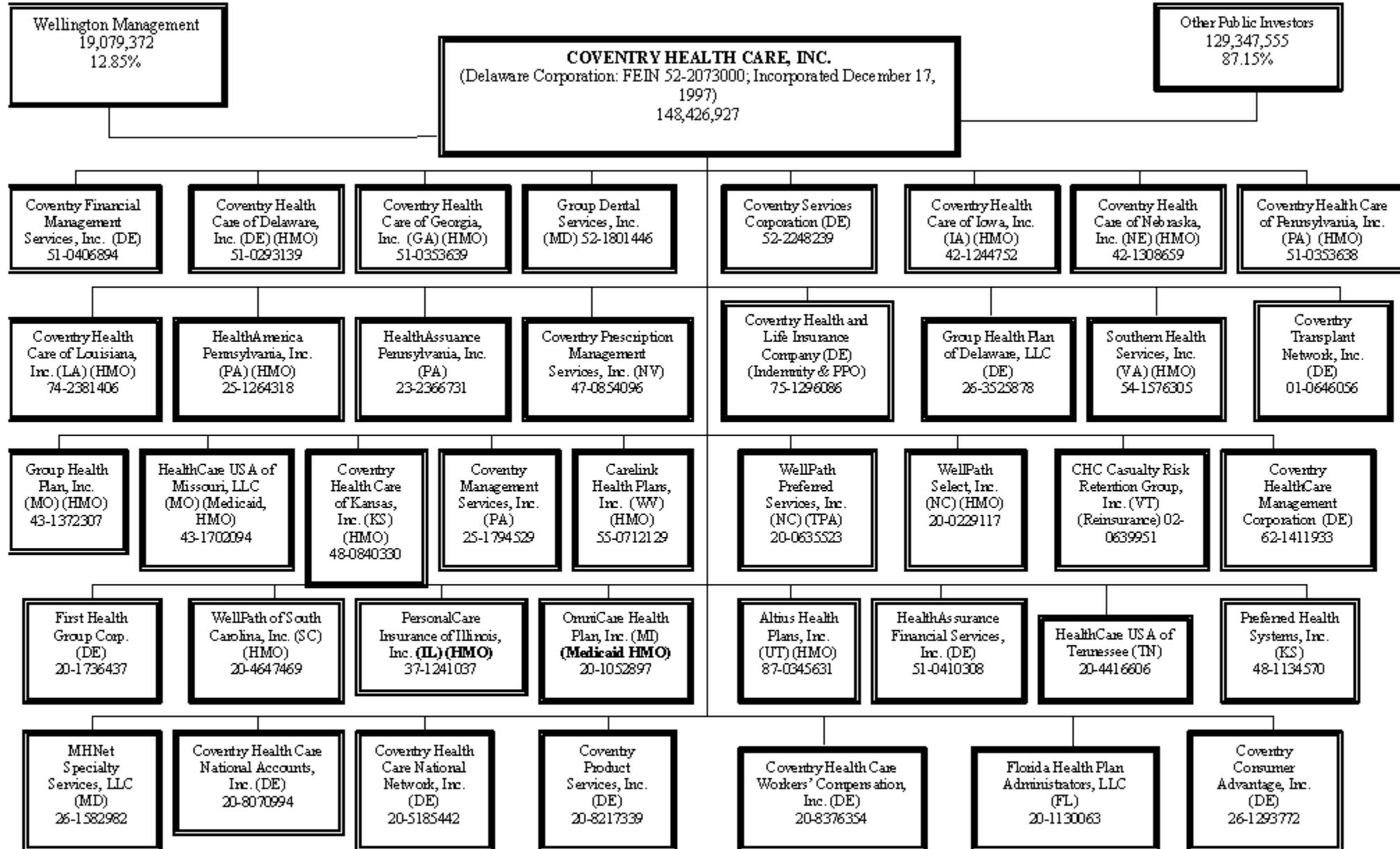
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	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			
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	L	62,827,113			6,562,307			69,389,420	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	62,827,113	0	0	6,562,307	0	0	69,389,420	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	62,827,113	0	0	6,562,307	0	0	69,389,420	0	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	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

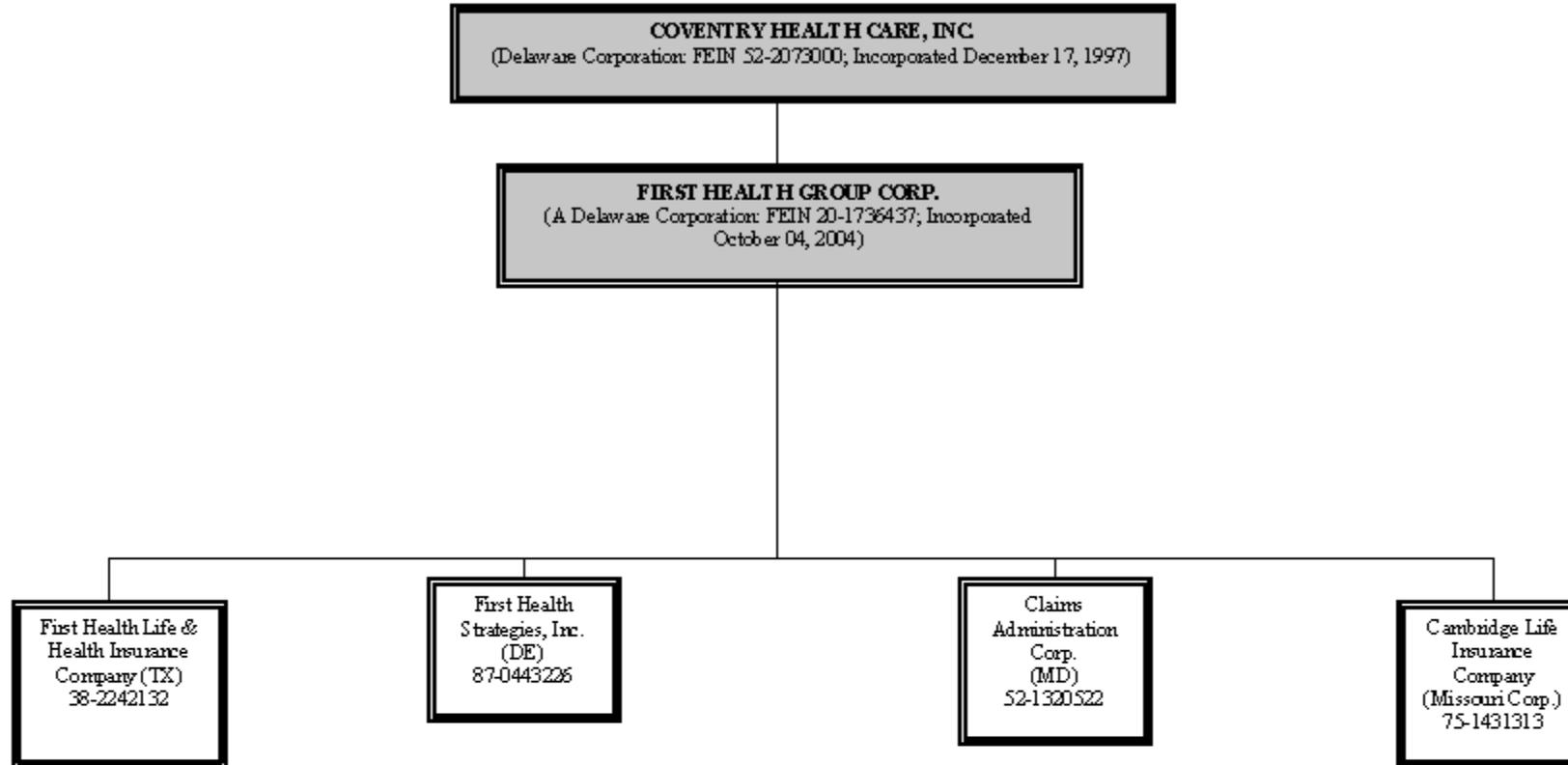
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

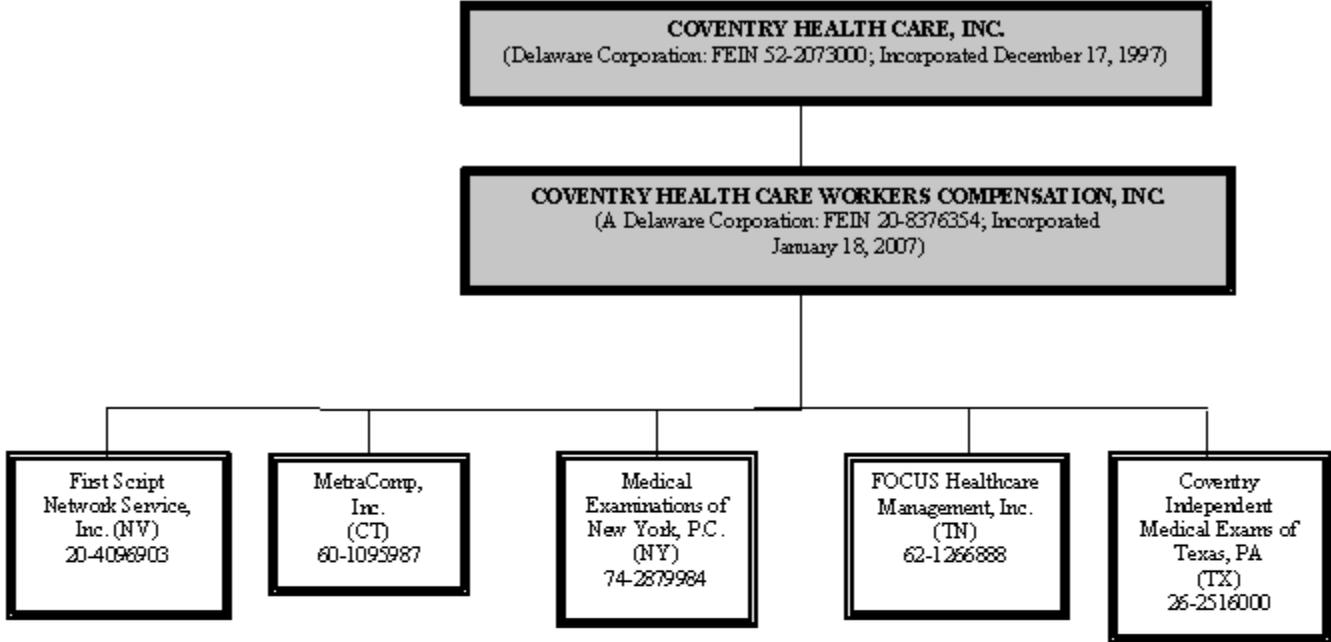
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



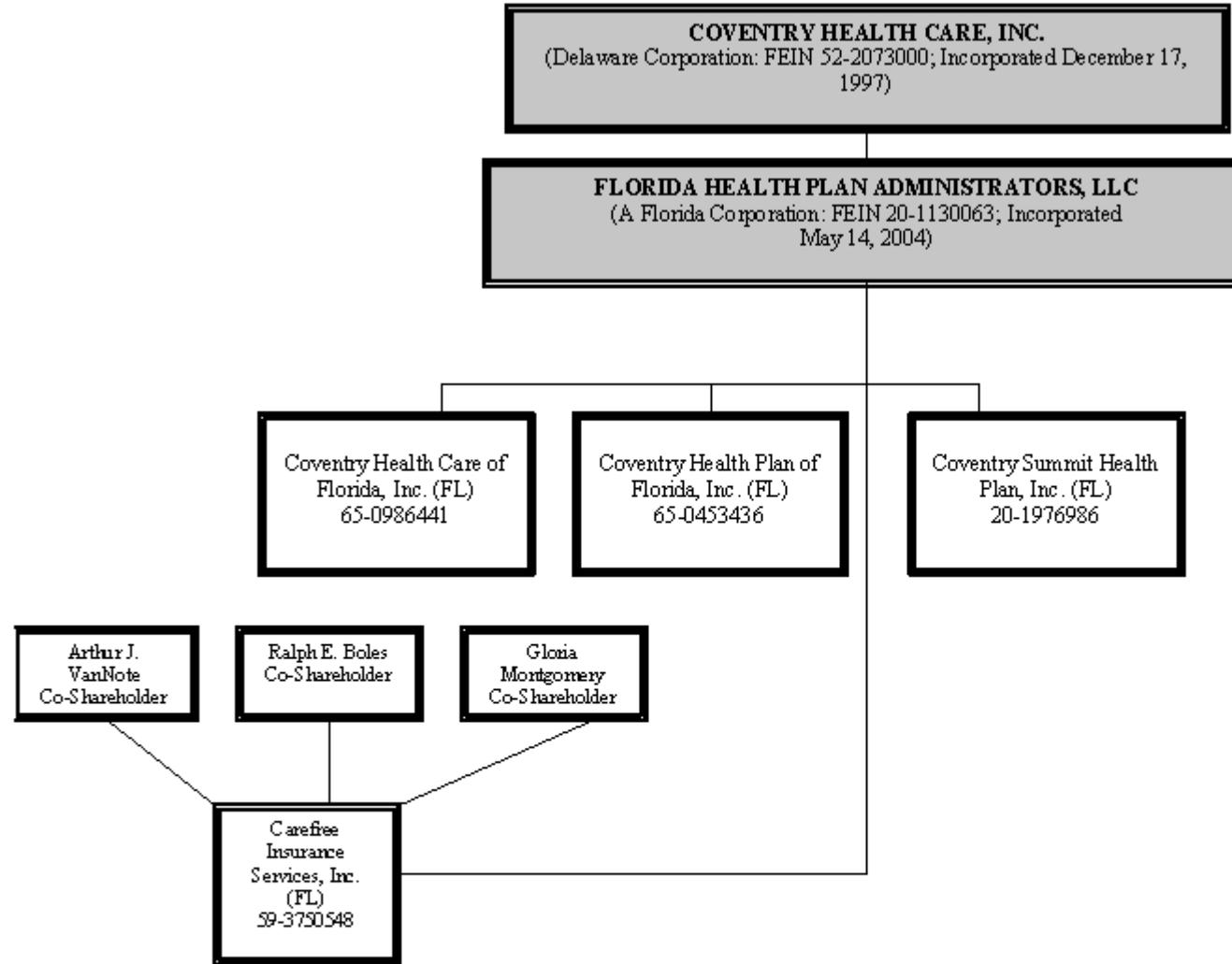
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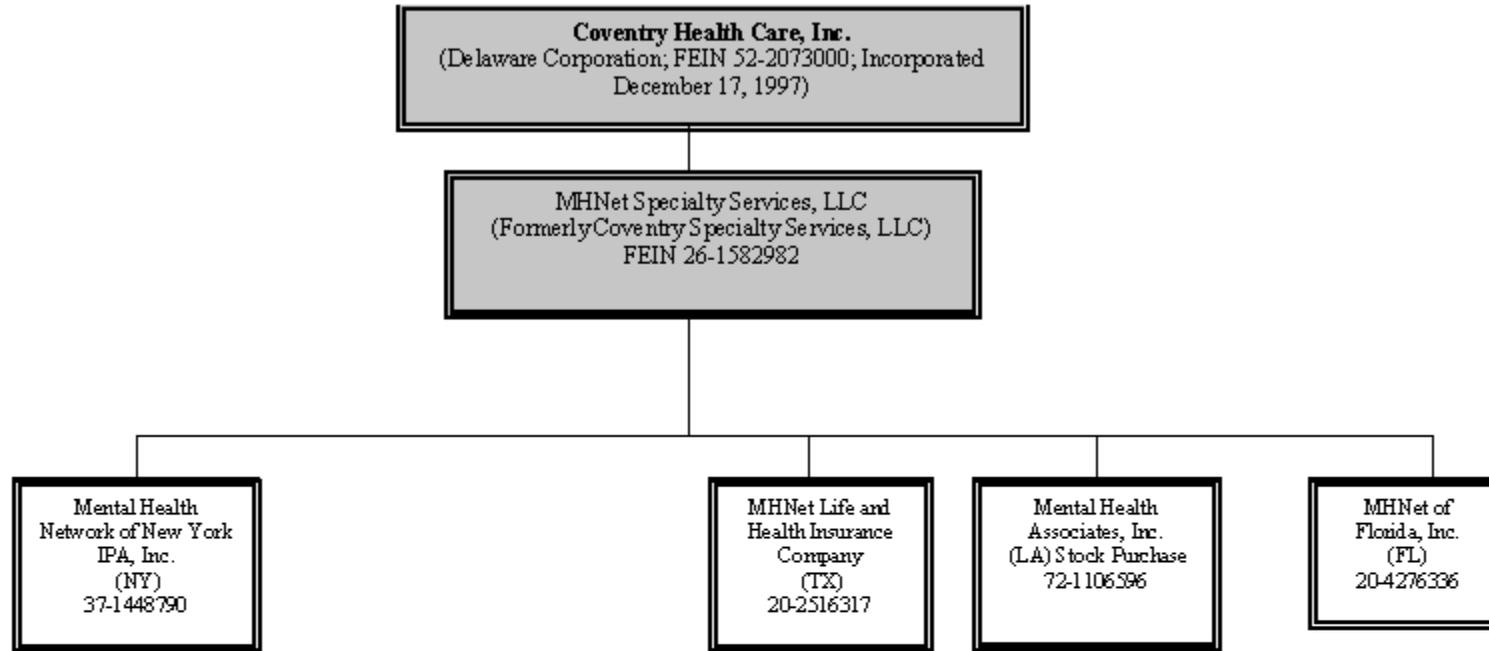
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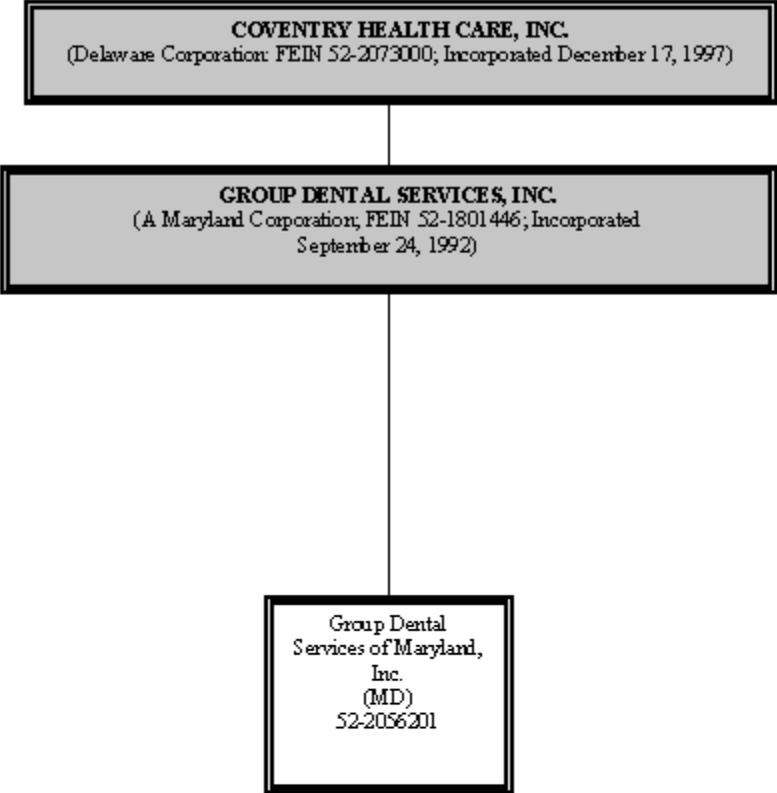
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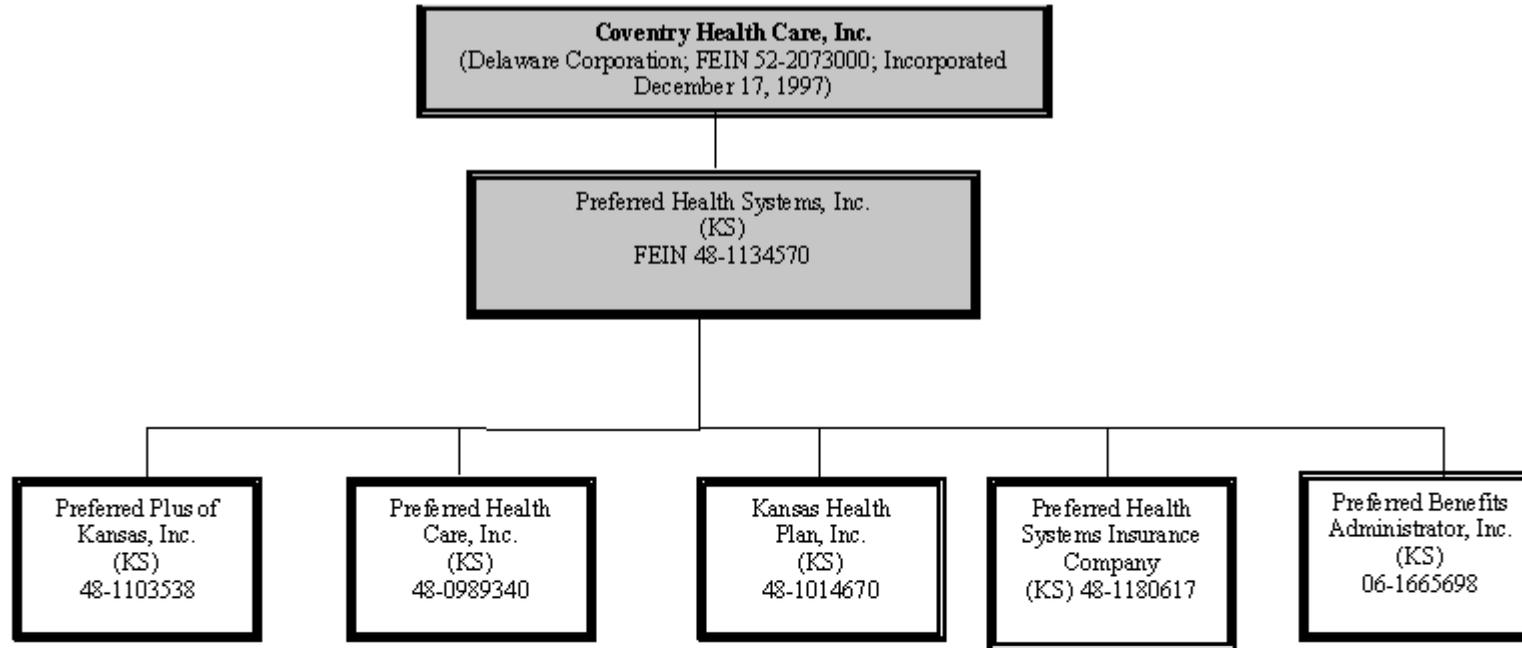
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	28,054,617	29,605,229
2. Cost of bonds and stocks acquired	9,844,380	4,164,028
3. Accrual of discount	3,761	13,981
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(33,784)
6. Deduct consideration for bonds and stocks disposed of	1,690,961	5,448,930
7. Deduct amortization of premium	130,612	245,907
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	36,081,185	28,054,617
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	36,081,185	28,054,617

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	41,345,153	33,735,923	31,072,003	818,419	41,345,153	44,827,492	.0	41,328,755
2. Class 2 (a).....	1,412,021	.0	.0	(885,959)	1,412,021	526,062	.0	1,891,236
3. Class 3 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
4. Class 4 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	42,757,174	33,735,923	31,072,003	(67,540)	42,757,174	45,353,554	0	43,219,991
PREFERRED STOCK								
8. Class 1.....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2.....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3.....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4.....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5.....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	42,757,174	33,735,923	31,072,003	(67,540)	42,757,174	45,353,554	0	43,219,991

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 9,272,696 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	7,119,440	XXX	7,119,440	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	8,516,848	11,129,080
2. Cost of short-term investments acquired	36,081,872	77,843,106
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	37,479,280	80,455,338
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	7,119,440	8,516,848
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	7,119,440	8,516,848

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 8, prior year)	.....
2. Cost (Paid)/Consideration Received on additions	.....
3. Unrealized Valuation increase/(decrease)	.....
4. Total gain (loss) on termination recognized	.....
5. Considerations received/(paid) on terminations	.....
6. Amortization	.....
7. Adjustment to the Book/Adjusted Carrying Value of hedged item	.....
8. Total foreign exchange change in Book/Adjusted Carrying Value	.....
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8)	.....	0
10. Deduct nonadmitted assets	.....
11. Statement value at end of current period (Line 9 minus Line 10)	.....	0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year	.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)	.....	0
3.1 Change in variation margin on open contracts	.....
3.2 Add:		
Change in adjustment to basis of hedged item		
3.21 Section 1, Column 16, current year to date minus	.....	0
3.22 Section 1, Column 16, prior year	.....	0
Change in amount recognized		
3.23 Section 1, Column 15, current year to date minus	.....	0
3.24 Section 1, Column 15, prior year	.....	0
3.3 Subtotal (Line 3.1 minus Line 3.2)	.....	0
4.1 Variation margin on terminated contracts during the year	.....
4.2 Less:		
4.21 Amount used to adjust basis of hedged item	.....
4.22 Amount recognized	.....	0
4.3 Subtotal (Line 4.1 minus Line 4.2)	.....	0
5. Dispositions gains (losses) on contracts terminated in prior year:		
5.1 Recognized	.....
5.2 Used to adjust basis of hedged items	.....
6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	.....	0
7. Deduct total nonadmitted amounts	.....
8. Statement value at end of current period (Line 6 minus Line 7)	.....	0

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

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

9015

SCHEDULE DB - VERIFICATION

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

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....	0	
2. Part B, Section 1, Net Broker Cash Deposit Write-in (Footnote).....		
3. Part B, Section 1 Column 17.....	0	
4. Subtotal (Line 2 minus Line 3).....	0	
5. Total (Line 1 plus Line 4).....		<u>0</u>
6. Part D, Column 5.....	0	
7. Part D, Column 6.....	0	
8. Total (Line 5 minus Line 6 minus Line 7).....		<u>0</u>

Fair Value Check

9. Part A, Section 1, Column 16.....	0	
10. Part B, Section 1, Column 2 (Number of Contracts) multiplied by Column 12 (Reporting Date Price).....		
11. Total (Line 9 plus Line 10).....		<u>0</u>
12. Part D, Column 8.....	0	
13. Part D, Column 9.....	0	
14. Total (Line 11 minus Line 12 minus Line 13).....		<u>0</u>

Potential Exposure Check

15. Part A, Section 1, Column 21.....	0	
16. Part B, Section 1, Column 18.....	0	
17. Part D, Column 11.....	0	
18. Total (Line 15 plus Line 16 minus Line 17).....		<u>0</u>

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	6,648,526	12,964,258
2. Cost of cash equivalents acquired	23,641,577	103,756,144
3. Accrual of discount	2	6,644
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	(43)
6. Deduct consideration received on disposals	28,137,175	110,078,468
7. Deduct amortization of premium	0	9
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,152,930	6,648,526
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,152,930	6,648,526

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
3133XX-YX-9	FEDERAL HOME LOAN BANK		04/07/2010	STIFEL NICOLAUS & CO		498,600	500,000	0	1
0399999 - Total - Bonds - U.S. Government						498,600	500,000	0	XXX
Bonds - All Other Government									
Bonds - U.S. States, Territories and Possessions									
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
235219-AK-8	DALLAS TEX		04/23/2010	JEFFERIES & CO		577,885	500,000	1,944	1FE
2499999 - Totals - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						577,885	500,000	1,944	XXX
Bonds - U.S. Special Revenue									
010608-3V-7	ALABAMA ST PUB SCH & COLLEGE A		04/27/2010	MERRILL LYNCH		564,605	500,000	556	1FE
31418T-MC-8	FN AD5754		05/06/2010	BANK AMERICA		505,407	499,321	749	1
48542K-T8-2	KANSAS ST DEV FIN AUTH REV		04/23/2010	GUGGENHEIM CAPITAL MARKETS		567,075	500,000	5,347	1FE
67766W-GW-6	OHIO ST WTR DEV AUTH WTR		05/11/2010	BRANCH BANKING & TRUST COMPANY		594,585	500,000	11,885	1FE
796253-X9-8	SAN ANTONIO TEX ELEC & GAS		05/28/2010	EXCHANGE		111,296	100,000	1,625	1FE
796253-Y2-2	SAN ANTONIO TEX ELEC & GAS		05/28/2010	EXCHANGE		500,833	450,000	7,313	1FE
3199999 - Totals - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions						2,843,801	2,549,321	27,475	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
002824-AX-8	ABBOTT LABORATORIES		05/24/2010	J.P. MORGAN		174,822	175,000	0	1FE
478160-AU-8	JOHNSON & JOHNSON		05/13/2010	CREDIT SUISSE		548,710	500,000	8,798	1FE
3899999 - Totals - Bonds - Industrial and Miscellaneous (Unaffiliated)						723,532	675,000	8,798	XXX
Bonds - Credit Tenant Loans									
Bonds - Hybrid Securities									
Bonds - Parent, Subsidiaries, and Affiliates									
8399997 - Subtotals - Bonds - Part 3						4,643,818	4,224,321	38,217	XXX
8399999 - Subtotals - Bonds						4,643,818	4,224,321	38,217	XXX
Preferred Stocks - Industrial and Miscellaneous									
Preferred Stocks - Parent, Subsidiaries, and Affiliates									
Common Stocks - Industrial and Miscellaneous									
Common Stocks - Parent, Subsidiaries, and Affiliates									
Common Stocks - Mutual Funds									
Common Stocks - Money Market Mutual Funds									
9999999 Totals						4,643,818	XXX	38,217	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0 .

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
Bonds - All Other Governments																					
Bonds - U.S. States, Territories and Possessions																					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3128K4-L2-9	FG A43945		06/01/2010	MBS PAYMENT		3,315	3,315	3,389	3,320	0	(5)	0	(5)	0	3,315	0	0	0		07/01/2035	1
31292H-VU-5	FG C01527		06/01/2010	MBS PAYMENT		3,359	3,359	3,419	3,361	0	(2)	0	(2)	0	3,359	0	0	0		03/01/2032	1
31295V-H7-8	FG A00254		06/01/2010	MBS PAYMENT		17	17	18	17	0	0	0	0	0	17	0	0	0		08/01/2018	1
31295V-L0-1	FG A00335		06/01/2010	MBS PAYMENT		75	75	79	75	0	(1)	0	(1)	0	75	0	0	0		12/01/2014	1
31295V-HY-7	FG A01147		06/01/2010	MBS PAYMENT		342	342	350	342	0	0	0	0	0	342	0	0	0		11/01/2016	1
312966-CG-7	FG B13671		06/01/2010	MBS PAYMENT		6,582	6,582	6,557	6,579	0	3	0	3	0	6,582	0	0	0		10/01/2018	1
31341H-D6-9	FH 256425		06/15/2010	VARIOUS		349	349	384	350	0	(1)	0	(1)	0	349	0	0	0		01/01/2013	1
31361L-PX-3	FN 34638		06/01/2010	MBS PAYMENT		493	493	518	494	0	(1)	0	(1)	0	493	0	0	0		03/01/2014	1
31362E-3Y-0	FN 59315		06/01/2010	MBS PAYMENT		723	723	746	724	0	(1)	0	(1)	0	723	0	0	0		02/01/2014	1
31371N-GA-9	FN 255893		06/01/2010	MBS PAYMENT		21,719	21,719	21,607	21,711	0	8	0	8	0	21,719	0	0	0		04/01/2025	1
31373U-E3-7	FN 303554		06/01/2010	MBS PAYMENT		412	412	449	414	0	(3)	0	(3)	0	412	0	0	0		06/01/2014	1
31403C-6U-0	FN 745283		06/01/2010	MBS PAYMENT		23,595	23,595	22,761	23,564	0	31	0	31	0	23,595	0	0	0		02/01/2035	1
31405E-63-3	FN 786918		06/01/2010	MBS PAYMENT		9,603	9,603	9,905	9,632	0	(29)	0	(29)	0	9,603	0	0	0		03/01/2019	1
31407H-3F-1	FN 831598		06/01/2010	MBS PAYMENT		11,617	11,617	11,450	11,610	0	7	0	7	0	11,617	0	0	0		10/01/2035	1
31407Y-AN-9	FN 844313		06/01/2010	MBS PAYMENT		49,014	49,014	49,263	49,019	0	(4)	0	(4)	0	49,014	0	0	0		07/01/2035	1
31408D-W6-7	FN 848569		06/01/2010	MBS PAYMENT		65,736	65,736	67,297	65,834	0	(98)	0	(98)	0	65,736	0	0	0		09/01/2035	1
31410Q-LX-7	FN 894142		06/01/2010	MBS PAYMENT		39,131	39,131	37,682	39,057	0	74	0	74	0	39,131	0	0	0		05/01/2036	1
31418T-MC-8	FN A05754		06/01/2010	MBS PAYMENT		776	776	786	0	0	0	0	0	0	776	0	0	0		04/01/2040	1
796253-U8-3	GAS. SAN ANTONIO TEX ELEC &		05/28/2010	EXCHANGE		556,481	500,000	558,380	0	0	(1,899)	0	(1,899)	0	556,481	0	0	0		02/01/2021	1FE
796253-X9-8	GAS. SAN ANTONIO TEX ELEC &		05/28/2010	EXCHANGE		55,648	50,000	55,648	0	0	0	0	0	0	55,648	0	0	0		02/01/2019	1FE
3199999 - Totals - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						848,987	786,858	850,688	236,103	0	(1,921)	0	(1,921)	0	848,987	0	0	0	27,225	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
Bonds - Credit Tenant Loans																					
Bonds - Hybrid Securities																					
Bonds - Parent, Subsidiaries, and Affiliates																					
8399997 - Total - Bonds - Part 4						848,987	786,858	850,688	236,103	0	(1,921)	0	(1,921)	0	848,987	0	0	0	27,225	XXX	XXX
8399999 - Total - Bonds						848,987	786,858	850,688	236,103	0	(1,921)	0	(1,921)	0	848,987	0	0	0	27,225	XXX	XXX
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																					
Preferred Stocks - Parent, Subsidiaries, and Affiliates																					
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
Common Stocks - Parent, Subsidiaries, and Affiliates																					
Common Stock - Mutual Funds																					
Common Stocks - Money Market Mutual Funds																					
9999999 Totals						848,987	XXX	850,688	236,103	0	(1,921)	0	(1,921)	0	848,987	0	0	0	27,225	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Governments Issuer Obligations							
U.S. Governments Single Class Mortgage-Backed/Asset-Backed Securities							
All Other Governments - Issuer Obligations							
All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities							
All Other Governments - Defined Multi-Class Residential Mortgage-Backed Securities							
All Other Governments - Other Multi-Class Residential Mortgage-Backed Securities							
All Other Governments - Defined Multi-Class Commercial Mortgage-Backed Securities							
All Other Governments - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Single Class Mortgage-Backed/Asset-Backed Securities							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Residential Mortgage-Backed Securities							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Residential Mortgage-Backed Securities							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Commercial Mortgage-Backed Securities							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Single Class Mortgage-Backed/Asset-Backed Securities							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Residential Mortgage-Backed/Asset-Backed Securities							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Residential Mortgage-Backed Securities							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Commercial Mortgage-Backed Securities							
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Issuer Obligations							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Single Class Mortgage-Backed/Asset-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Defined Multi-Class Residential Mortgage-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Other Multi-Class Residential Mortgage-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Defined Multi-Class Commercial Mortgage-Backed Securities							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
Credit Tenant Loans - Issuer Obligations							
CITI DCCC U 92 MONEY MARKET		06/29/2010	0.050	07/15/2010	2,152,929	86	0
3299999 - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					2,152,929	86	0
Industrial and Miscellaneous (Unaffiliated) - Single Class Mortgage-Backed/Asset-Backed Securities							
Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Residential Mortgage-Backed Securities							
Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Residential Mortgage-Backed Securities							
Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Commercial Mortgage-Backed Securities							
Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
3899999 - Subtotals - Industrial and Miscellaneous (Unaffiliated)					2,152,929	86	0
Credit Tenant Loans - Issuer Obligations							
Credit Tenant Loans - Single Class Mortgage-Backed/Asset-Backed Securities							
Hybrid Securities - Issuer Obligations							
Hybrid Securities - Single Class Mortgage-Backed/Asset-Backed Securities							
Hybrid Securities - Defined Multi-Class Residential Mortgage-Backed Securities							
Hybrid Securities - Other Multi-Class Residential Mortgage-Backed Securities							
Hybrid Securities - Defined Multi-Class Commercial Mortgage-Backed Securities							
Hybrid Securities - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations							
Parent, Subsidiaries and Affiliates Bonds - Single Class Mortgage-Backed/Asset-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Defined Multi-Class Residential Mortgage-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Other Multi-Class Residential Mortgage-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Defined Multi-Class Commercial Mortgage-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
7799999 - Subtotals - Issuer Obligations					2,152,929	86	0
8399999 - Subtotals - Bonds					2,152,929	86	0
Sweep Accounts							
Other Cash Equivalents							
8699999 Total Cash Equivalents					2,152,929	86	0



**STATEMENT AS OF JUNE 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.
 MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code

1137

NAIC Company Code

95173

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....		XXX		XXX	0
2. Earned Premiums.....		XXX		XXX	XXX
3. Claims Paid.....		XXX		XXX	0
4. Claims Incurred.....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	XXX	NONE			0
6. Aggregate Policy Reserves - Change.....		XXX		XXX	XXX
7. Expenses Paid.....		XXX		XXX	0
8. Expenses Incurred.....		XXX		XXX	XXX
9. Underwriting Gain or Loss.....	0	XXX	0	XXX	XXX
10. Cash Flow Result.....	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS