



# QUARTERLY STATEMENT

AS OF MARCH 31, 2011  
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 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)  
jpcaire@cvty.com 504-834-2694  
(E-mail Address) (FAX Number)

### OFFICERS

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

### OTHER OFFICERS

<u>Melinda Lee Tuozzo</u>	<u>Assistant Treasurer</u>	<u>Jonathan David Weinberg</u>	<u>Assistant Secretary</u>
---------------------------	----------------------------	--------------------------------	----------------------------

### DIRECTORS OR TRUSTEES

<u>Michael Dean Bahr</u>	<u>John Reed Pegues III</u>	<u>Todd A Petersen #</u>
--------------------------	-----------------------------	--------------------------

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 MARCH 31, 2011 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 .....	38,554,458		38,554,458	35,645,904
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 (\$ ..... (3,181,390) ), cash equivalents (\$ ..... 1,016,515 ) and short-term investments (\$ ..... 8,680,204 ) .....	6,515,329		6,515,329	4,360,278
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....	(555,721)		(555,721)	125
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	44,514,066	0	44,514,066	40,006,307
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	427,283		427,283	365,539
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,049,182		2,049,182	1,364,669
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 .....	84,581		84,581	762,428
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 .....	320,997		320,997	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	28,795
18.2 Net deferred tax asset .....	533,684	86,626	447,058	447,058
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 (\$ ..... ) .....	82,510	72,839	9,671	10,350
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	1,373,249
25. Aggregate write-ins for other than invested assets .....	431,925	431,925	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	48,444,228	591,390	47,852,838	44,358,396
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	48,444,228	591,390	47,852,838	44,358,396
<b>DETAILS OF WRITE-INS</b>				
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 .....	82,105	82,105	0	0
2502. INTANGIBLE ASSETS .....	349,820	349,820	0	0
2503. Other Long Term Assets .....			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) .....	431,925	431,925	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 992,362 reinsurance ceded).....	14,915,321	1,125,267	16,040,588	14,151,892
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	314,837		314,837	263,301
4. Aggregate health policy reserves .....	506,482		506,482	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 .....	3,167,843		3,167,843	2,339,143
9. General expenses due or accrued .....	1,565,696		1,565,696	1,854,548
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....	350,970		350,970	260,387
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 .....	9,623		9,623	8,579
13. Remittances and items not allocated .....	109,824		109,824	31,264
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	431,060		431,060	394,856
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 .....			0	43,202
23. Aggregate write-ins for other liabilities (including \$ current) .....	1,191,825	0	1,191,825	1,143,637
24. Total liabilities (Lines 1 to 23).....	22,563,481	1,125,267	23,688,748	20,490,811
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	(31,620,630)	(31,917,132)
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	24,164,090	23,867,588
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	47,852,838	44,358,399
<b>DETAILS OF WRITE-INS</b>				
2301. OPM PAYABLE.....	1,191,825		1,191,825	1,143,637
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) .....	1,191,825	0	1,191,825	1,143,637
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	138,994	123,727	502,892
2. Net premium income (including \$ non-health premium income).....	XXX	41,508,618	34,049,915	138,937,394
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	41,508,618	34,049,915	138,937,394
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		23,467,908	17,098,607	77,176,556
10. Other professional services .....		505,172	273,707	1,356,094
11. Outside referrals .....		2,224,561	3,355,996	10,612,004
12. Emergency room and out-of-area .....		2,204,109	1,809,776	7,177,244
13. Prescription drugs .....		5,706,026	4,155,950	18,910,906
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	34,107,776	26,694,036	115,232,804
<b>Less:</b>				
17. Net reinsurance recoveries .....		408,419	676,401	2,166,888
18. Total hospital and medical (Lines 16 minus 17) .....	0	33,699,357	26,017,635	113,065,916
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 545,578 cost containment expenses.....		2,011,775	830,213	4,780,325
21. General administrative expenses.....		5,168,093	4,635,070	15,475,688
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	40,879,225	31,482,918	133,321,929
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	629,393	2,566,997	5,615,465
25. Net investment income earned .....		301,713	275,351	1,167,970
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	6,053
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	301,713	275,351	1,174,023
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....		(4,960)	(74,556)	(83,548)
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	926,146	2,767,792	6,705,940
31. Federal and foreign income taxes incurred .....	XXX	639,058	1,227,882	1,960,010
32. Net income (loss) (Lines 30 minus 31) .....	XXX	287,088	1,539,910	4,745,930
<b>DETAILS OF WRITE-INS</b>				
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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	23,867,586	23,593,477	23,593,477
34. Net income or (loss) from Line 32 .....	287,088	1,539,910	4,745,930
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	0	0	297,688
39. Change in nonadmitted assets .....	9,413	84,887	84,220
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	(4,853,729)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	296,501	1,624,797	274,109
49. Capital and surplus end of reporting period (Line 33 plus 48)	24,164,087	25,218,274	23,867,586
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	42,159,287	33,054,410	139,355,445
2. Net investment income .....	312,310	205,100	1,376,657
3. Miscellaneous income .....	0	(6,250)	0
4. Total (Lines 1 to 3) .....	42,471,597	33,253,260	140,732,102
5. Benefit and loss related payments .....	29,759,565	25,306,970	113,268,435
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 .....	7,786,342	5,446,318	20,938,097
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	519,680	520,723	916,397
10. Total (Lines 5 through 9) .....	38,065,588	31,274,011	135,122,929
11. Net cash from operations (Line 4 minus Line 10) .....	4,406,009	1,979,250	5,609,174
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	(2,980,892)	841,976	2,995,911
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	555,846	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	(2,425,046)	841,976	2,995,911
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	5,200,564	10,842,599
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	4	15
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	5,200,568	10,842,614
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) .....	(2,425,046)	(4,358,592)	(7,846,703)
<b>Cash from Financing and Miscellaneous Sources</b>			
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	0	4,853,729
16.6 Other cash provided (applied).....	174,088	(1,753,774)	(1,426,776)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	174,088	(1,753,774)	(6,280,505)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,155,051	(4,133,116)	(8,518,034)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,360,278	12,878,312	12,878,312
19.2 End of period (Line 18 plus Line 19.1) .....	6,515,329	8,745,196	4,360,278

STATEMENT AS OF MARCH 31, 2011 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 .....	42,585	11,193	28,822	.0	.0	.0	2,570	.0	.0	.0
2. First Quarter .....	46,208	11,310	32,528	.0	.0	.0	2,370	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	138,994	33,460	98,399				7,135			
Total Member Ambulatory Encounters for Period:										
7. Physician .....	147,490	35,505	104,414				7,571			
8. Non-Physician .....	7,348	1,769	5,202				377			
9. Total	154,838	37,274	109,616	0	0	0	7,948	0	0	0
10. Hospital Patient Days Incurred	3,362	178	2,935				249			
11. Number of Inpatient Admissions	703	64	588				51			
12. Health Premiums Written (a).....	42,128,932	4,803,079	34,111,166				3,214,687			
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	42,128,932	4,803,079	34,111,166				3,214,687			
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	31,309,530	3,057,587	26,390,207				1,861,736			
18. Amount Incurred for Provision of Health Care Services	34,107,776	2,479,732	30,173,565				1,454,479			

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



STATEMENT AS OF MARCH 31, 2011 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) .....	7,062,220	22,886,705	1,301,712	13,800,092	8,363,931	12,975,311
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....	558,039	1,303,697	80,919	857,865	638,959	1,176,582
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	7,620,259	24,190,402	1,382,631	14,657,957	9,002,890	14,151,892
10. Health care 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)	7,620,259	24,190,402	1,382,631	14,657,957	9,002,890	14,151,892

6

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of Coventry health Care of Louisiana 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 nonadmitted (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 and 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.

Net income for the period ending March 31 2011 and statutory surplus as of March 31, 2011 as prescribed by the DOI and as prescribed by NAIC SAP is as follows:

DOI net income as of March 31, 2011	\$ 287,088
NAIC net income as of March 31, 2011	\$ 287,088
DOI statutory surplus as of March 31, 2011	\$ 24,164,090
NAIC statutory surplus as of March 31, 2011	\$ 24,164,090

### 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 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

No Change

### 4. Discontinued Operations

No Change

### 5. Investments

A. Mortgage Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

### D. Loan-Backed Securities

1. 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 prepayment assumptions in valuing mortgage-backed and asset-backed securities with inputs from major third party data providers. It combines the effects of interest rates, volatility, and pre-payment speeds based on various scenario (Monte Carlo) simulations 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 our forecasted expectations of future defaults and losses.
4. None
5. None
6. None
7. There are a number of factors that are considered in determining if there is not an other-than-temporary-impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream and economic prospects associated with the investment.
8. All investments in an unrealized loss position are evaluated for an other-than-temporary-impairment based on the severity level and length of time. As the magnitude of the loss increases so does the degree of analysis in determining if an other-than-temporary-loss exists.

### E. Repurchase Agreements

No change

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

No change

### 7. Investment Income

No change

### 8. Derivative Instruments

No change

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

##### Due from Related Parties

Coventry Health and Life of Tennessee	\$ 22,266
Coventry Health Care Broker Services	\$ 227,879

##### Due to Related Parties

Coventry Health Care, Inc	\$ 92,557
Coventry Health and Life of Louisiana	\$ 719,686

## NOTES TO FINANCIAL STATEMENTS

11. Debt
- No Change
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 \$165,782 and \$146,457 for 2010 and 2009, 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:
- |  |            |
|--|------------|
| a. Unrealized gains and losses           | \$0        |
| b. Non-admitted asset value              | \$ 591,390 |
| c. Separate account business             | \$0        |
| d. Asset valuation reserve               | \$0        |
| e. Reinsurance in unauthorized companies | \$0        |
- (10) Surplus Notes – Not Applicable
- (11) No quasi-reorganizations.
- (12) No quasi-reorganizations.
14. Contingencies
- No change
15. Leases
- No change
16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk
- No change

## NOTES TO FINANCIAL STATEMENTS

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

No change

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

No change

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

No change

20. Other Items

No change

21 Events Subsequent

None

22. Reinsurance

No change

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No change

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of March 31, 2011 were \$16,040,588. As of March 31, 2011, \$7,620,259 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,382,631 as a result of re-estimation of unpaid losses and loss adjustment expenses. Therefore, there has been \$ (5,149,002) of unfavorable/(favorable) prior year development since December 31, 2010. This increase/(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 that are subject to redetermination.

25. Intercompany Pooling Arrangements

No change

26. Structured Settlements

No change

27. Health Care Receivables

No change

28. Participating Policies

No change

29. Premium Deficiencies Reserve

No change

30. Anticipated Salvage and Subrogation.

No change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
3. 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. .... 12/31/2010
- 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] 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 [X]

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

1 Central Registration Depository	2 Name(s)	3 Address
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.....

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

Yes [X] 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 .....	1.3 %
1.3 A&H expense percent excluding cost containment expenses.....	81.2 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

STATEMENT AS OF MARCH 31, 2011 OF THE Coventry Health Care of Louisiana, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

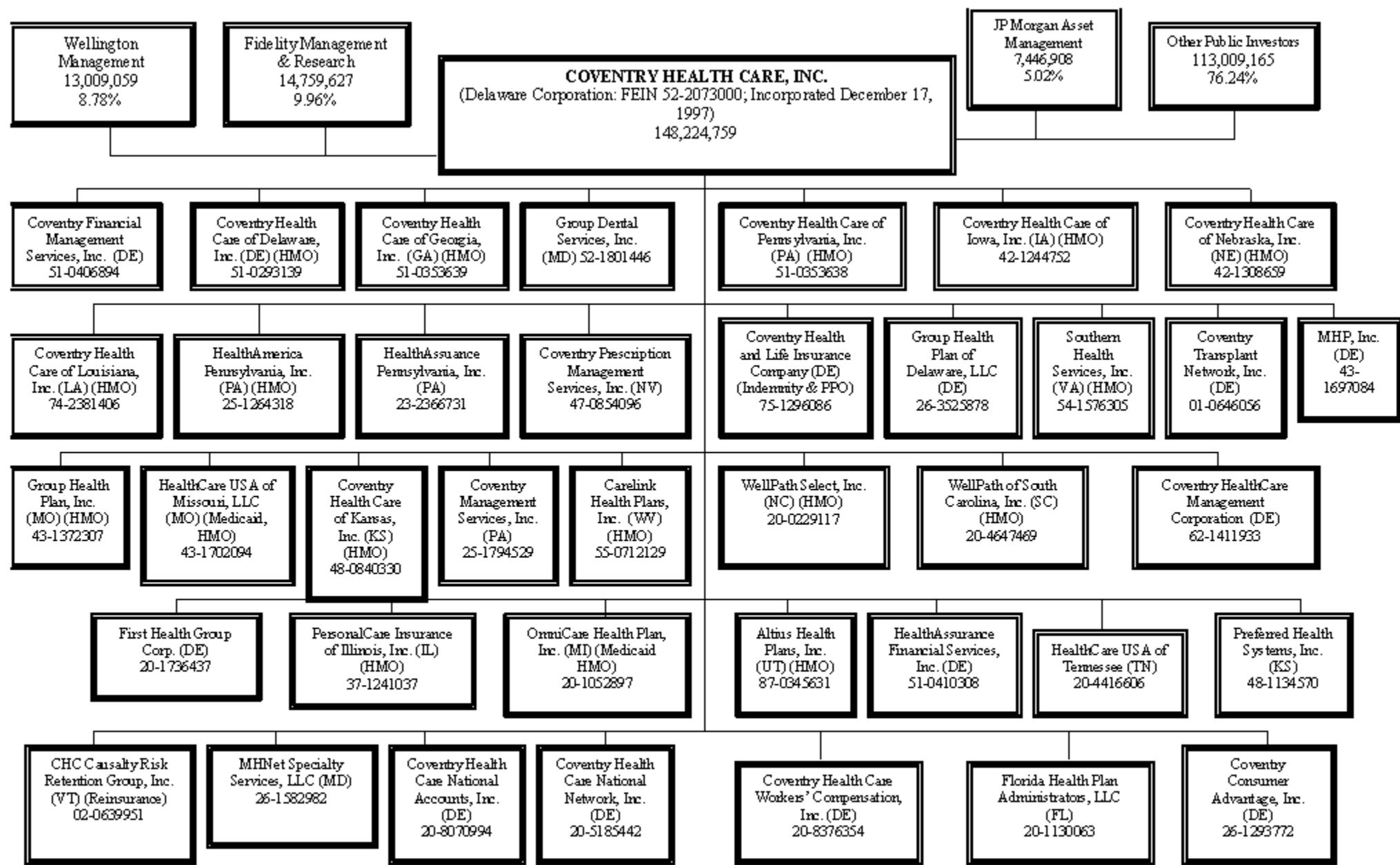
Current Year to Date - Allocated by States and Territories

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. 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	38,914,246			3,214,687			42,128,933	
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	38,914,246	0	0	3,214,687	0	0	42,128,933	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	38,914,246	0	0	3,214,687	0	0	42,128,933	0	0
<b>DETAILS OF WRITE-INS</b>										
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

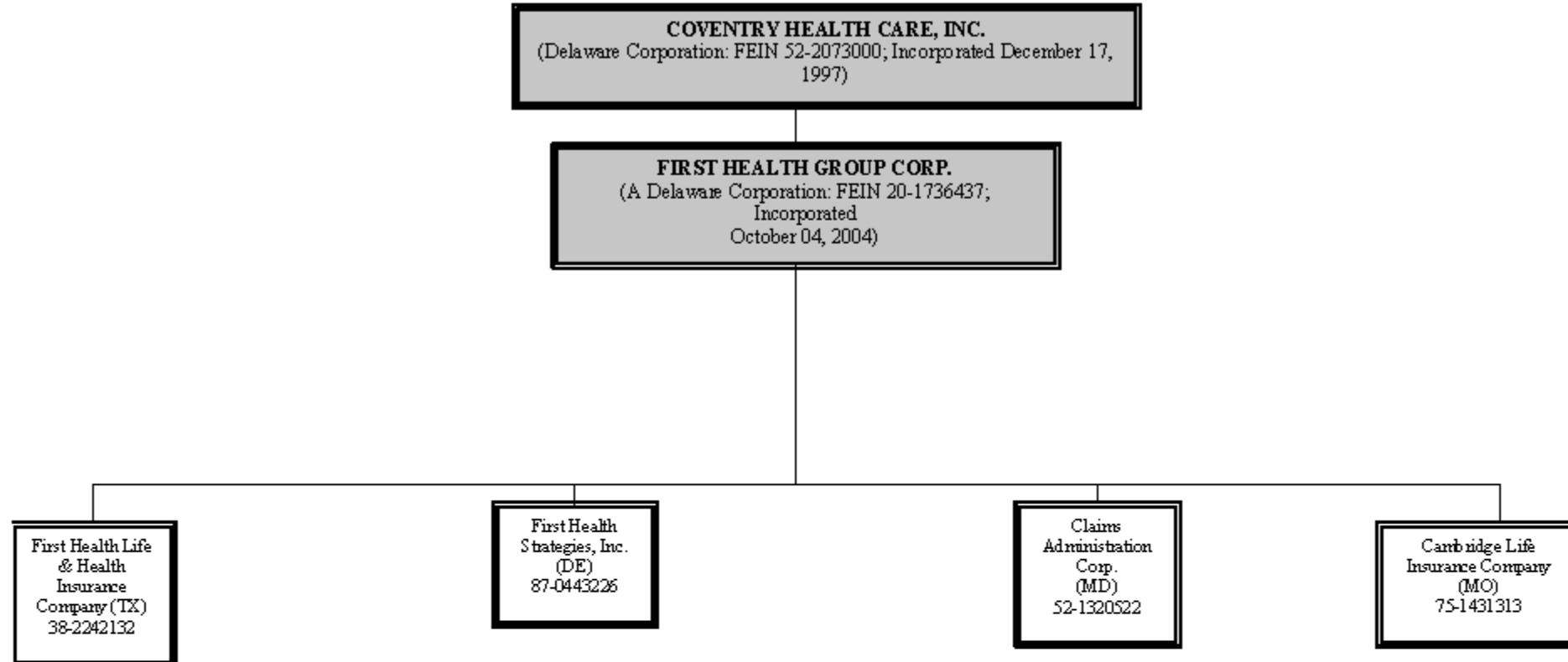
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

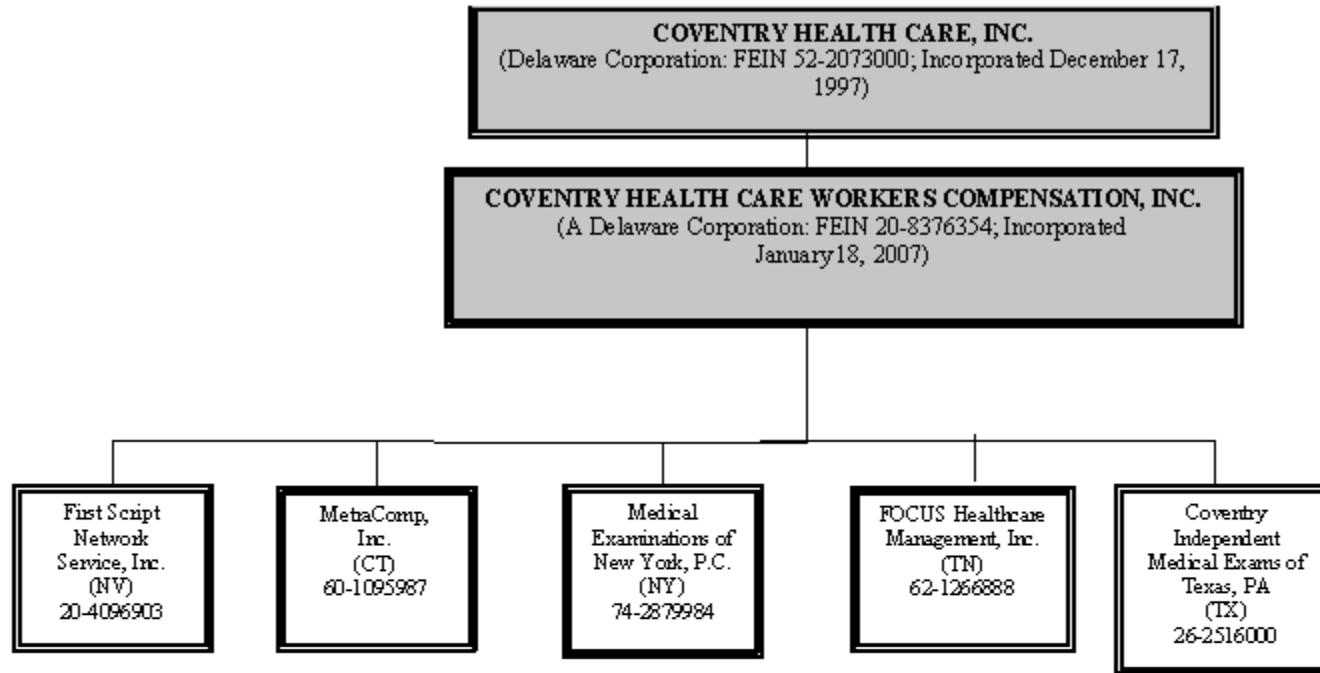
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



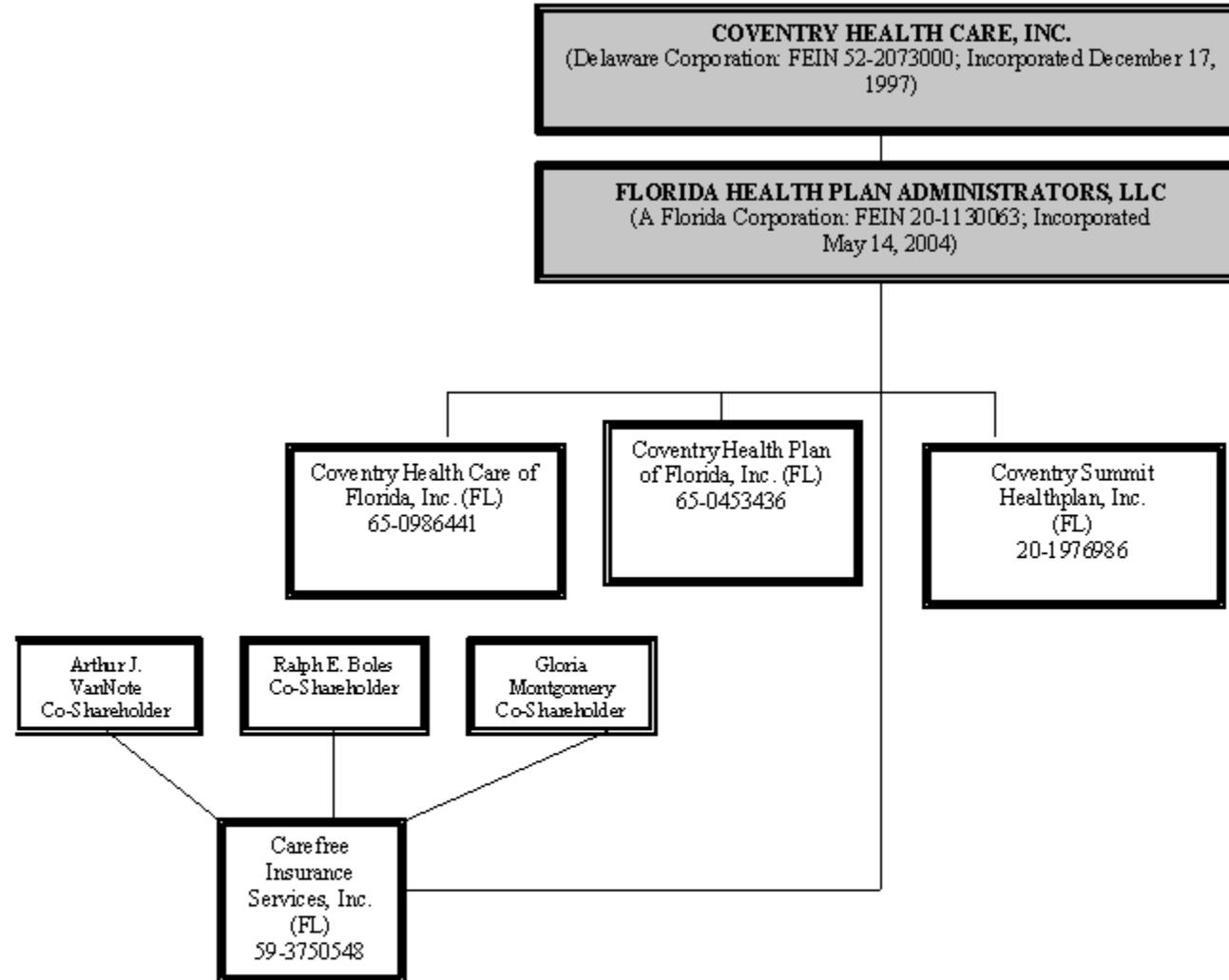
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



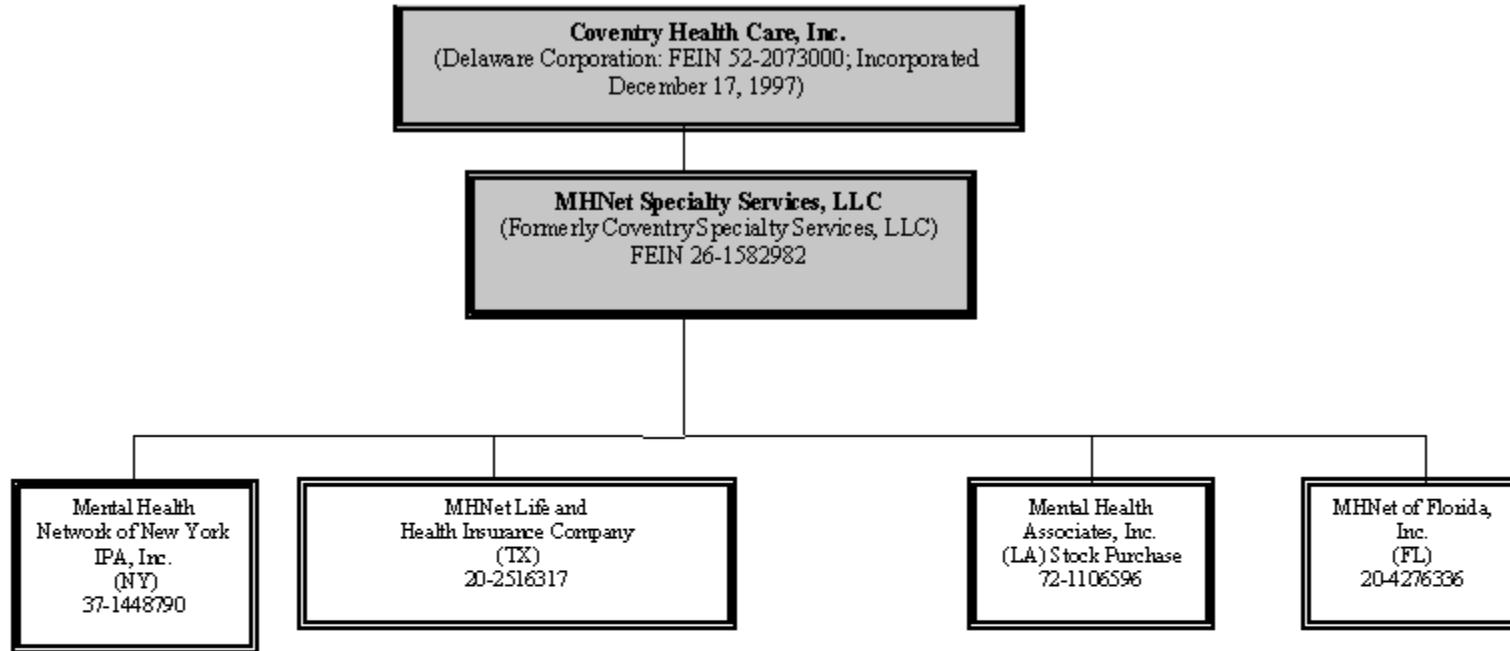
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



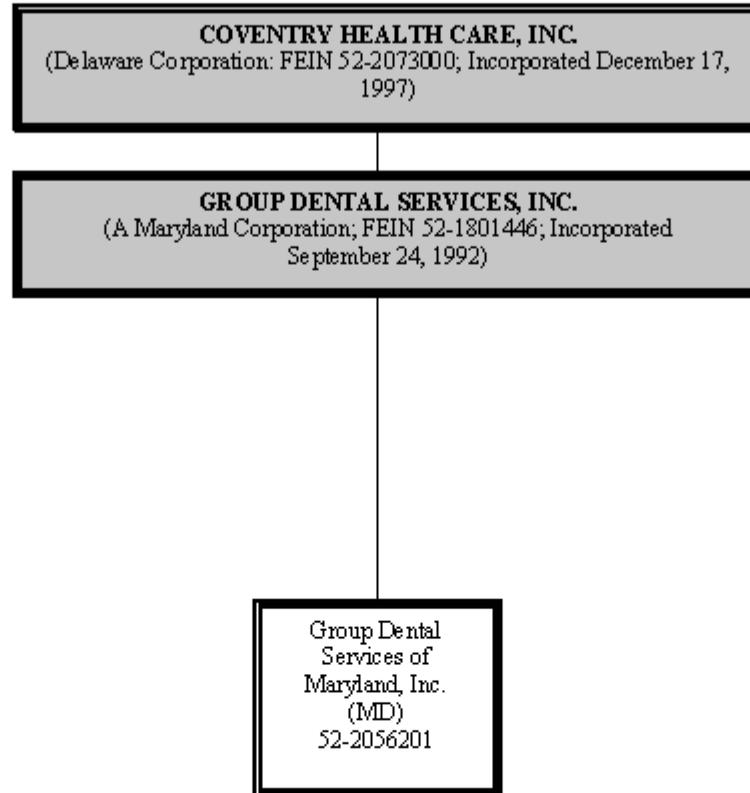
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



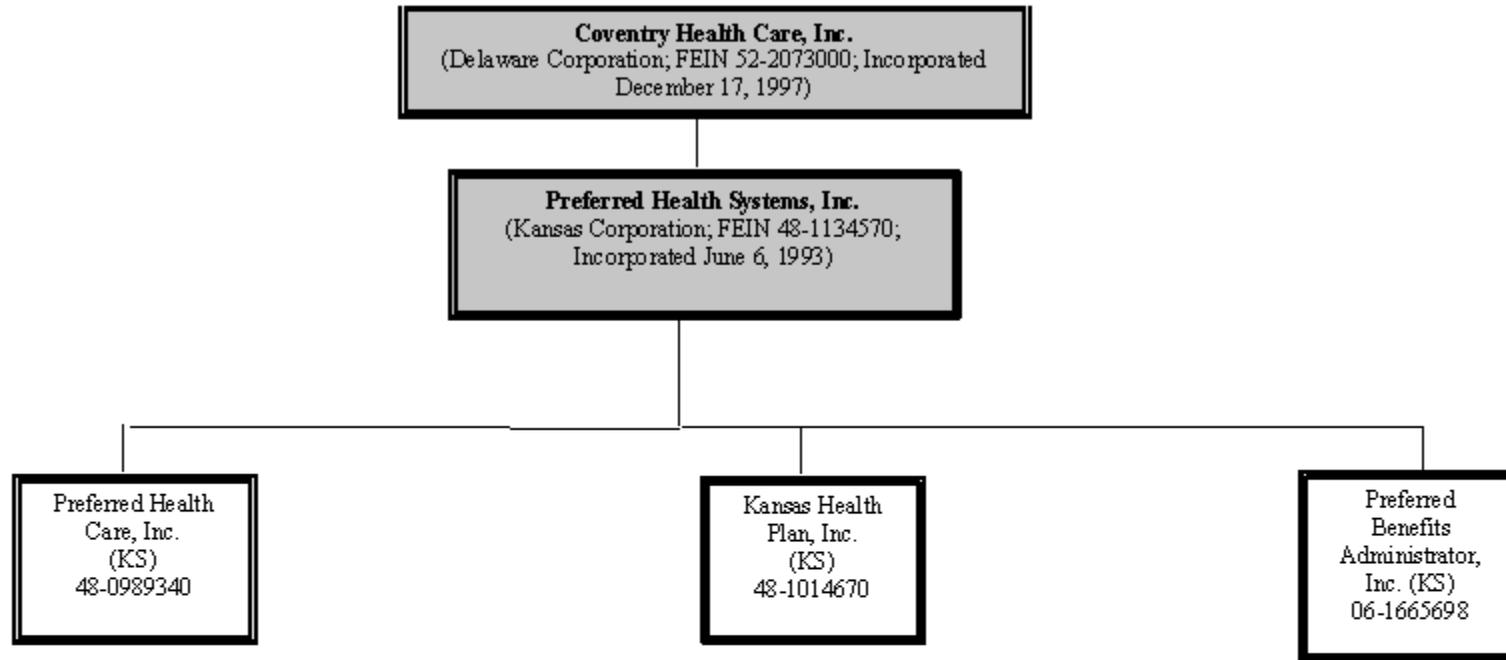
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



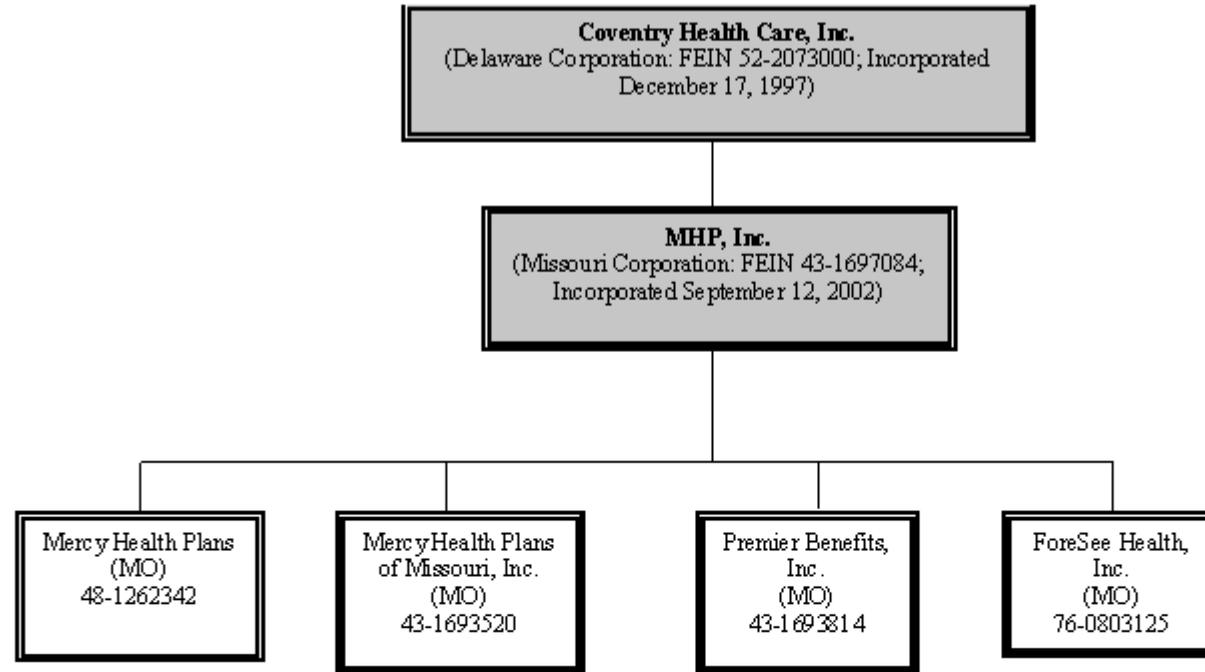
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



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



**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.   
9 5 1 7 3 2 0 1 1 3 6 5 0 0 0 0 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	0
2.2 Additional investment made after acquisition .....	0	0
3. Current year change in encumbrances .....	<b>NONE</b>	0
4. Total gain (loss) on disposals .....	0	0
5. Deduct amounts received on disposals .....	0	0
6. Total foreign exchange change in book/adjusted carrying value .....	0	0
7. Deduct current year's other than temporary impairment recognized .....	0	0
8. Deduct current year's depreciation .....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

## SCHEDULE B – VERIFICATION

### Mortgage Loans

	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	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	<b>NONE</b>	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	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	0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

	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	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	<b>NONE</b>	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and depreciation .....	0	0
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	35,645,906	28,054,617
2. Cost of bonds and stocks acquired .....	3,296,965	10,842,599
3. Accrual of discount .....	(315)	6,053
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	9,312
6. Deduct consideration for bonds and stocks disposed of .....	316,073	2,995,911
7. Deduct amortization of premium .....	72,026	270,764
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) .....	38,554,457	35,645,906
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	38,554,457	35,645,906

STATEMENT AS OF MARCH 31, 2011 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
<b>BONDS</b>								
1. Class 1 (a).....	41,604,589	30,040,432	24,871,560	(68,991)	46,704,471	0	0	41,604,589
2. Class 2 (a).....	1,550,056	0	0	(3,350)	1,546,706	0	0	1,550,056
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	43,154,645	30,040,432	24,871,560	(72,341)	48,251,177	0	0	43,154,645
<b>PREFERRED STOCK</b>								
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	43,154,645	30,040,432	24,871,560	(72,341)	48,251,177	0	0	43,154,645

(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 \$ 9,696,719 ; 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	8,680,204	XXX	8,680,204	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.....	4,290,607	8,516,848
2. Cost of short-term investments acquired .....	18,745,876	64,913,640
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 .....	14,356,279	69,139,881
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).....	8,680,204	4,290,607
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	8,680,204	4,290,607

## SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)	0
2. Cost Paid/(Consideration Received) on additions	0
3. Unrealized Valuation increase/(decrease)	0
4. Total gain (loss) on termination recognized	0
5. Considerations received/(paid) on terminations	0
6. Amortization	0
7. Adjustment to the Book/Adjusted Carrying Value of hedged item	0
8. Total foreign exchange change in Book/Adjusted Carrying Value	0
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8)	0
10. Deduct nonadmitted assets	0
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	0
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)	0
3.1 Change in variation margin on open contracts	0
3.2 Add:	
Change in adjustment to basis of hedged item	
3.21 Section 1, Column 17, current year to date minus	0
3.22 Section 1, Column 17, prior year	0
Change in amount recognized	
3.23 Section 1, Column 16, current year to date minus	0
3.24 Section 1, Column 16, prior year	0
3.3 Subtotal (Line 3.1 minus Line 3.2)	0
4.1 Variation margin on terminated contracts during the year	0
4.2 Less:	
4.21 Amount used to adjust basis of hedged item	0
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	0
5.2 Used to adjust basis of hedged items	0
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	0
8. Statement value at end of current period (Line 6 minus Line 7)	0



STATEMENT AS OF MARCH 31, 2011 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, Column 14.....	.0
3. Total (Line 1 plus Line 2).....	.0
4. Part D, Column 5.....	.0
5. Part D, Column 6.....	.0
6. Total (Line 3 minus Line 4 minus Line 5).....	.0
	Fair Value Check
7. Part A, Section 1, Column 16.....	.0
8. Part B, Section 1, Column 13.....	.0
9. Total (Line 7 plus Line 8).....	.0
10. Part D, Column 8.....	.0
11. Part D, Column 9.....	.0
12. Total (Line 9 minus Line 10 minus Line 11).....	.0
	Potential Exposure Check
13. Part A, Section 1, Column 21.....	.0
14. Part B, Section 1, Column 19.....	.0
15. Part D, Column 11.....	.0
16. Total (Line 13 plus Line 14 minus Line 15).....	.0

**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.....	3,218,132	6,648,526
2. Cost of cash equivalents acquired .....	7,997,591	44,016,380
3. Accrual of discount .....	0	2
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	10,199,208	47,446,776
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) .....	1,016,515	3,218,132
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,016,515	3,218,132

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 MARCH 31, 2011 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)
<b>Bonds - U.S. Special Revenue</b>									
29270C-WW-1	ENERGY NORTHWEST WASH ELEC REV		03/10/2011	CITIGROUP GLOBAL MARKETS		555,850	500,000	0	1FE
495289-WB-2	KING CNTY WASH SWR REV		03/14/2011	ZIEGLER		536,035	500,000	5,278	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions</b>						1,091,885	1,000,000	5,278	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
060505-DH-4	BANK OF AMERICA CORP		03/11/2011	BANK AMERICA		542,640	500,000	1,250	1FE
000000-00-0	HIBERNIA BANK CD		03/11/2011	DIRECT		100,000	100,000	0	1
381416-FG-4	GOLDMAN SACHS GROUP INC		03/08/2011	CREDIT SUISSE		539,045	500,000	4,380	1FE
91159H-GU-8	US BANCORP		03/10/2011	UBS SECURITIES		515,035	500,000	481	1FE
949746-QU-8	WELLS FARGO & COMPANY		03/10/2011	CREDIT SUISSE		508,360	500,000	0	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						2,205,080	2,100,000	6,111	XXX
<b>8399997 - Subtotals- Bonds - Part 3</b>						3,296,965	3,100,000	11,389	XXX
<b>8399999 - Subtotals - Bonds</b>						3,296,965	3,100,000	11,389	XXX
<b>9999999 Totals</b>						3,296,965	XXX	11,389	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0 .

E04

STATEMENT AS OF MARCH 31, 2011 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	Foreign	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)
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
3128K4-L2-9...	FG A43945		03/01/2011	MBS PAYMENT		7,827	7,827	8,001	7,827	0	0	0	0	0	7,827	0	0	0	83	11/01/2035	1
31292H-VU-5...	FG C01527		03/01/2011	MBS PAYMENT		4,700	4,700	4,783	4,699	1	1	0	0	0	4,700	0	0	0	41	02/01/2032	1
312942-XS-9...	FG A94289		03/01/2011	MBS PAYMENT		2,374	2,374	2,380	2,374	0	0	0	0	0	2,374	0	0	0	16	07/01/2040	1
31295V-H7-8...	FG A00254		03/01/2011	MBS PAYMENT		17	17	18	17	0	0	0	0	0	17	0	0	0	0	08/01/2018	1
31295V-L0-1...	FG A00335		03/01/2011	MBS PAYMENT		58	58	61	58	0	0	0	0	0	58	0	0	0	1	07/01/2015	1
31295W-HY-7...	FG A01147		03/01/2011	MBS PAYMENT		379	379	389	379	0	0	0	0	0	379	0	0	0	5	01/01/2017	1
312966-CG-7...	FG B13671		03/01/2011	MBS PAYMENT		13,200	13,200	13,150	13,198	0	1	0	1	0	13,200	0	0	0	114	10/01/2018	1
31341H-D6-9...	FH 256425		03/15/2011	VARIOUS		384	384	422	384	0	0	0	0	0	384	0	0	0	12	01/01/2013	1
31361L-PX-3...	FN 34638		03/01/2011	MBS PAYMENT		532	532	559	533	0	0	0	0	0	532	0	0	0	9	03/01/2014	1
31362E-3Y-0...	FN 59315		03/01/2011	MBS PAYMENT		785	785	811	785	0	0	0	0	0	785	0	0	0	12	01/01/2014	1
31371M-GA-9...	FN 255893		03/01/2011	MBS PAYMENT		13,640	13,640	13,570	13,639	0	1	0	1	0	13,640	0	0	0	115	03/01/2025	1
31373U-E3-7...	FN 303554		03/01/2011	MBS PAYMENT		305	305	333	306	0	(1)	0	(1)	0	305	0	0	0	6	10/01/2014	1
31403C-6U-0...	FN 745283		03/01/2011	MBS PAYMENT		15,266	15,266	14,727	15,274	0	(7)	0	(7)	0	15,266	0	0	0	135	02/01/2035	1
31405E-G3-3...	FN 786918		03/01/2011	MBS PAYMENT		8,141	8,141	8,397	8,137	0	4	0	4	0	8,141	0	0	0	88	05/01/2019	1
31407H-3F-1...	FN 831598		03/01/2011	MBS PAYMENT		13,669	13,669	13,473	13,669	0	0	0	0	0	13,669	0	0	0	119	08/01/2035	1
31407Y-AN-9...	FN 844313		03/01/2011	MBS PAYMENT		5,870	5,870	5,900	5,870	0	0	0	0	0	5,870	0	0	0	33	07/01/2035	1
31408D-W6-7...	FN 848569		03/01/2011	MBS PAYMENT		11,208	11,208	11,474	11,208	0	0	0	0	0	11,208	0	0	0	63	06/01/2035	1
31410Q-LX-7...	FN 894142		03/01/2011	MBS PAYMENT		8,611	8,611	8,292	8,625	0	(14)	0	(14)	0	8,611	0	0	0	83	04/01/2036	1
31418T-MC-8...	FN AD5754		03/01/2011	MBS PAYMENT		9,107	9,107	9,218	9,107	0	0	0	0	0	9,107	0	0	0	43	02/01/2040	1
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						116,073	116,073	115,958	116,089	0	(15)	0	(15)	0	116,073	0	0	0	978	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
120010-93-9...	DRYADES		03/08/2011	MATURITY		100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	0	03/08/2011	1
000000-00-0...	HIBERNIA BANK CD		03/11/2011	MATURITY		100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	0	03/12/2016	1
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						200,000	200,000	200,000	200,000	0	0	0	0	0	200,000	0	0	0	0	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						316,073	316,073	315,958	316,089	0	(15)	0	(15)	0	316,073	0	0	0	978	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						316,073	316,073	315,958	316,089	0	(15)	0	(15)	0	316,073	0	0	0	978	XXX	XXX
<b>9999999 Totals</b>						316,073	XXX	315,958	316,089	0	(15)	0	(15)	0	316,073	0	0	0	978	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

EOS

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D

**NONE**







