

QUARTERLY STATEMENT

OF THE

Louisiana Healthcare Connections, Inc.

OF

Baton Rouge

IN THE STATE OF

Louisiana

TO THE

INSURANCE DEPARTMENT

OF THE

STATE OF Louisiana

AS OF

MARCH 31, 2014

2014

HEALTH

2014



QUARTERLY STATEMENT

AS OF MARCH 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Louisiana Healthcare Connections, Inc.

NAIC Group Code 1295 (Current Period) , 1295 (Prior Period) NAIC Company Code 13970 Employer's ID Number 27-1287287

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 []

Incorporated/Organized 11/02/2009 Commenced Business 07/01/2011

Statutory Home Office 7700 Forsyth Boulevard , Saint Louis, MO, US 63105
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard , Saint Louis, MO, US 63105 314-725-4477
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard , Saint Louis, MO, US 63105
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard , Saint Louis, MO, US 63105 314-725-4477-28239
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.louisianahealthconnect.com

Statutory Statement Contact Karen Dierking 314-725-4477-28239
(Name) (Area Code) (Telephone Number) (Extension)
kdierking@centene.com 314-725-4768
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>James Elliott Schlottman</u>	<u>President</u>	<u>Jesse Nathan Hunter</u>	<u>Vice President</u>
<u>William Nelder Scheffel</u>	<u>Vice President</u>	<u>Keith Harvey Williamson</u>	<u>Secretary</u>

OTHER OFFICERS

<u>Jeffrey Alan Schwaneke</u>	<u>Treasurer</u>	<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>
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DIRECTORS OR TRUSTEES

<u>Jesse Nathan Hunter</u>	<u>Brent D Layton</u>	<u>Keith Harvey Williamson</u>	<u>William Nelder Scheffel</u>
<u>Mark William Eggert</u>			

State of MO
County of St. Louis SS

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

James Elliott Schlottman President
Jesse Nathan Hunter Vice President
William Nelder Scheffel Vice President

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 12 day of May, 2014



STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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	39,496,552		39,496,552	35,097,814
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 (\$27,959,759), cash equivalents (\$0) and short-term investments (\$13,457,966)	41,417,725		41,417,725	37,802,611
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	80,914,277	0	80,914,277	72,900,425
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	133,367		133,367	95,253
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,760,492		7,760,492	6,181,096
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	6,962		6,962	221,072
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	1,142,356		1,142,356	716,870
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	610,519		610,519	8,197,621
24. Health care (\$343,715) and other amounts receivable	2,146,036	1,802,321	343,715	105,961
25. Aggregate write-ins for other-than-invested assets	57,500	57,500	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	92,771,509	1,859,821	90,911,688	88,418,297
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	92,771,509	1,859,821	90,911,688	88,418,297
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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 Expense	57,500	57,500	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	57,500	57,500	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$668,000 reinsurance ceded).....	32,624,456		32,624,456	32,952,779
2. Accrued medical incentive pool and bonus amounts	600,000		600,000	430,160
3. Unpaid claims adjustment expenses	674,000		674,000	653,000
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	9,919,920		9,919,920	6,001,090
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	2,878,023		2,878,023	683,487
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
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, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	53,319	0	53,319	51,954
24. Total liabilities (Lines 1 to 23).....	46,749,718	0	46,749,718	40,772,469
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,081,011	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	59,900,000	59,900,000
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	(17,819,041)	(12,254,173)
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	44,161,970	47,645,827
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	90,911,688	88,418,296
DETAILS OF WRITE-INS				
2301. State Income Tax Payable.....	53,319		53,319	51,954
2302.	0		0	
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)	53,319	0	53,319	51,954
2501. 2015 Health Insurer Fee Estimate.....	XXX	XXX	2,081,011	
2502.	XXX	XXX		
2503.	XXX	XXX		
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	2,081,011	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
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	449,677	490,814	1,879,053
2. Net premium income (including \$ non-health premium income).....	XXX	108,673,355	116,985,082	456,670,087
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	108,673,355	116,985,082	456,670,087
Hospital and Medical:				
9. Hospital/medical benefits		55,507,103	69,919,990	253,227,022
10. Other professional services		3,470,258	3,389,275	14,258,846
11. Outside referrals			0	0
12. Emergency room and out-of-area		8,555,705	10,044,540	37,992,404
13. Prescription drugs		20,232,451	20,893,024	84,603,530
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		381,587	6,000	831,667
16. Subtotal (Lines 9 to 15)	0	88,147,104	104,252,829	390,913,469
Less:				
17. Net reinsurance recoveries		21,635	907,144	1,497,646
18. Total hospital and medical (Lines 16 minus 17)	0	88,125,469	103,345,685	389,415,823
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 688,481 cost containment expenses.....		3,156,665	3,583,893	13,633,410
21. General administrative expenses.....		18,035,908	13,174,781	49,842,719
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0	0
23. Total underwriting deductions (Lines 18 through 22)	0	109,318,042	120,104,359	452,891,952
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(644,687)	(3,119,277)	3,778,135
25. Net investment income earned		113,862	52,879	273,901
26. Net realized capital gains (losses) less capital gains tax of \$		(8,842)	166	(3,128)
27. Net investment gains (losses) (Lines 25 plus 26)	0	105,020	53,045	270,773
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(539,667)	(3,066,232)	4,048,908
31. Federal and foreign income taxes incurred	XXX	2,133,557	(1,075,032)	(3,823)
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,673,224)	(1,991,200)	4,052,731
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 & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	47,645,827	35,176,457	35,176,457
34. Net income or (loss) from Line 32	(2,673,224)	(1,991,200)	4,052,731
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	425,486	864,194	(1,312,284)
39. Change in nonadmitted assets	(1,236,119)	(3,338,612)	1,728,923
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	8,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(3,483,857)	(4,465,618)	12,469,370
49. Capital and surplus end of reporting period (Line 33 plus 48)	44,161,970	30,710,839	47,645,827
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.....	107,093,959	118,358,863	456,982,351
2. Net investment income	94,242	27,862	269,516
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	107,188,201	118,386,725	457,251,867
5. Benefit and loss related payments	89,549,605	105,802,803	402,656,089
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	17,658,385	20,455,983	64,490,855
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	(60,979)	(820)	(6,574,955)
10. Total (Lines 5 through 9)	107,147,011	126,257,966	460,571,990
11. Net cash from operations (Line 4 minus Line 10)	41,190	(7,871,241)	(3,320,123)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,334,990	9,550,000	22,377,767
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	89	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,334,990	9,550,089	22,377,767
13. Cost of investments acquired (long-term only):			
13.1 Bonds	10,761,064	24,705,476	42,281,966
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,761,064	24,705,476	42,281,966
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)	(4,426,074)	(15,155,387)	(19,904,199)
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.....	8,000,000	24,000,000	24,000,000
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	0
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	8,000,000	24,000,000	24,000,000
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)	3,615,116	973,372	775,678
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	37,802,610	37,026,932	37,026,932
19.2 End of period (Line 18 plus Line 19.1)	41,417,726	38,000,304	37,802,610

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	151,657	.0	.0	.0	.0	.0	.0	.0	151,657	.0
2. First Quarter	149,196	.0	.0	.0	.0	.0	.0	.0	149,196	.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	449,677								449,677	
Total Member Ambulatory Encounters for Period:										
7. Physician	134,662								134,662	
8. Non-Physician	118,630								118,630	
9. Total	253,292	0	0	0	0	0	0	0	253,292	0
10. Hospital Patient Days Incurred	18,138								18,138	
11. Number of Inpatient Admissions	3,923								3,923	
12. Health Premiums Written (a).....	109,547,937								109,547,937	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	109,547,937								109,547,937	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	88,283,951								88,283,951	
18. Amount Incurred for Provision of Health Care Services	88,147,104								88,147,104	

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

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid	23,878,482	65,425,057	4,645,654	27,978,802	28,524,136	32,952,779
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	23,878,482	65,425,057	4,645,654	27,978,802	28,524,136	32,952,779
10. Health care receivables (a) .....	.0	1,231,334			.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	211,747	.0	218,414	381,586	430,161	430,160
13. Totals (Lines 9-10+11+12)	24,090,229	64,193,723	4,864,068	28,360,388	28,954,297	33,382,939

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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 accompanying financial statements of Louisiana Healthcare Connections, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the state of Louisiana for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Louisiana Insurance Law.

The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, version effective March 1, 2013 (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Louisiana.

<u>Net Income (Loss)</u>	<u>State of Domicile</u>	<u>2014</u>	<u>2013</u>
(1) Louisiana Healthcare Connections state basis (Page 4, Line 32, Columns 2 & 4)	Louisiana	\$ (2,673,224)	\$ 4,062,731
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Louisiana	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Louisiana	-	-
(4) NAIC SAP (1-2-3=4)	Louisiana	(2,673,224)	4,062,731
<u>Surplus</u>			
(5) Louisiana Healthcare Connections state basis (Page 3, Line 33, Columns 3 & 4)	Louisiana	\$ 44,161,970	\$ 47,645,827
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, Net e.g., Fixed Assets, Net	Louisiana	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	Louisiana	-	-
(8) NAIC SAP (5-6-7=8)	Louisiana	44,161,970	47,645,827

B. No change

C. No change

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

A-C. No change

D. Loan-Backed Securities

1. Prepayment assumptions were obtained by Bloomberg.
2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
3. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
4. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
5. For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

E. Repurchase Agreements and/or Securities Lending Transactions

None

NOTES TO FINANCIAL STATEMENTS

F-G. No change

H. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. On deposit with states	\$ 1,000,000	\$ 1,000,000	\$ -	\$ 1,000,000	1.1%	1.1%
j. On deposit with other regulatory bodies						
k. Pledged as collateral not captured in other categories						
l. Other restricted assets						
m. Total Restricted Assets	\$ 1,000,000	\$ 1,000,000	\$ -	\$ 1,000,000	1.1%	1.1%

I. Working Capital Finance Investments

None

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Instruments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties

No change

11. Debt

A. Capital Notes - None

B. FHLB (Federal Home Loan Bank) Agreements - None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans - No change

B-F. No change

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

No change

NOTES TO FINANCIAL STATEMENTS

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

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

- A. Transfer of Receivables Reported as Sales - No change
- B. Transfer and Servicing of Financial Assets - No change
- C. Wash Sales - No change

18. Gain or Loss to the Reporting Entity from Uninsured A&H 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. Fair Value Measurements

- A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

NOTES TO FINANCIAL STATEMENTS

The following table summarizes fair value measurements by level at March 31, 2014 for assets and liabilities measured at fair value on a recurring basis, which are traded daily with a one day notice.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Short Term Investments	\$ 41,157,315	\$ 260,411	\$ -	\$ 41,417,726
Perpetual Preferred stock:				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 41,157,315	\$ 260,411	\$ -	\$ 41,417,726
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2013 for assets and liabilities measured at fair value on a recurring basis, which are traded daily with a one day notice.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Short Term Investments	\$ 37,536,908	\$ 265,703	\$ -	\$ 37,802,611
Perpetual Preferred stock:				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 37,536,908	\$ 265,703	\$ -	\$ 37,802,611
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

B. Assets Measured at Fair Value on a Nonrecurring Basis - None

C. Value Disclosures Under Other Pronouncements - The following table summarizes the aggregate fair value measurements by level at March 31, 2014 for all financial instruments.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Bonds	\$ 39,387,400	\$ 39,496,552	\$ 30,379,126	9,008,274	\$ -	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2013 for all financial instruments.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Bonds	\$ 34,647,285	\$ 35,097,814	\$ 20,246,888	\$ 14,650,397	\$ -	\$ -

D. None

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures and Unusual Items– None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-Transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Offsetting and Netting of Assets and Liabilities – None
- I. Joint and Several Liabilities – None
- J. Risk Sharing Provisions of the Affordable Care Act - None

22. Events Subsequent

Subsequent events have been considered through May 15, 2014, which was the date the statutory statements were available to be issued.

23. Reinsurance

No change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

No change

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2013 were \$33.4 million. As of March 31, 2014, \$24.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior year are now \$4.9 million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4.4 million favorable prior-year development from December 31, 2013 to March 31, 2014. The 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.

26. Intercompany Pooling Arrangements

No change

27. Structured Settlements

NOTES TO FINANCIAL STATEMENTS

No change

28. Health Care Receivables

No change

29. Participating Policies

No change

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves : \$0
2. Date of the most recent evaluation of this liability: April 30, 2014
3. Was anticipated investment income utilized in the calculation? Yes No

31. 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:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 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.
- 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).
- 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 [] No [] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes 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: \$610,519

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: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- | | |
|--|-----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.3 Total payable for securities lending reported on the liability page | \$0 |

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

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

1 Name of Custodian(s)	2 Custodian Address
Regions Bank.....	400 Convention St. Baton Rouge, LA 70802.....
Brown Brothers Harriman.....	140 Broadway, New York, NY 10005.....
US Bank.....	800 Nicollet Mall, Minneapolis, MN 55402.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes No

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent.....	81.7 %
1.2 A&H cost containment percent	0.6 %
1.3 A&H expense percent excluding cost containment expenses.....	18.7 %
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 MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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		109,547,937					109,547,937	
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	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	109,547,937	0	0	0	0	109,547,937	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1	0	0	109,547,937	0	0	0	0	109,547,937	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (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.

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

Centene Corporation	42-1406317	DE	
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
CMC Hanley, LLC	46-4234827	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
CenCorp Health Solutions, Inc	22-3889471	DE	
Cenphiny Mgmt, LLC	42-1565805	DE	
NurseWise Holdings LLC	42-1565807	DE	
NurseWise LP	52-2379566	DE	
Nurse Response, Inc	20-4730372	DE	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona, LLC	20-4980818	AZ	
Nurtur Health, Inc	06-1476380	DE	
Family Care & Workforce Diversity Consultants LLC d/b/a			
Worklife Innovations	06-1404277	CT	
Wellness By Choice, LLC	16-1686991	NY	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Cenpatico Behavioral Health of TX, Inc	74-3018565	TX	12525
CBHSP Arizona, Inc	86-0782736	AZ	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona, Inc	80-0879942	AZ	14704
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
OptiCare Managed Vision, Inc	20-4730341	DE	
OptiCare Vision Insurance Co, Inc	36-4520004	SC	
AECC Total Vision Health Plan of Texas, Inc	75-2592153	TX	95302
OptiCare Vision Company, Inc	20-4773088	DE	
OcuCare Systems, Inc	65-0094759	FL	
Total Vision, Inc	20-4861241	DE	
Dental Health & Wellness, Inc	46-2783884	DE	
Dental Health & Wellness of Louisiana, Inc.	46-4168814	LA	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	

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

PART 1 - ORGANIZATIONAL CHART

Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Coordinated Care of Washington, Inc.	46-2578279	WA	15352
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
University Health Plans, Inc	22-3292245	NJ	95503
CCTX Holdings, LLC	20-2074217	DE	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP	74-2810404	TX	
US Script, Inc	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	

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

PART 1 - ORGANIZATIONAL CHART

Sunflower State Health Plan, Inc	45-3276702	KS	14345
Casenet LLC	90-0636938	DE	
Granite State Health Plan, Inc	45-4792498	NH	14226
Western Sky Community Care, Inc	45-5583511	NM	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of West Virginia, LLC	46-4839132	WV	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
California Health and Wellness Plan	46-0907261	CA	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP	73-1698808	TX	
AcariaHealth Solutions, Inc	80-0856383	DE	
AcariaHealth, Inc.	45-2780334	DE	
AcariaHealth Pharmacy #14, Inc	27-1599047	CA	
AcariaHealth Pharmacy #11, Inc	20-8192615	TX	
AcariaHealth Pharmacy #12, Inc	27-2765424	NY	
AcariaHealth Pharmacy #13, Inc	26-0226900	CA	
AcariaHealth Pharmacy, Inc	13-4262384	CA	
HomeScripts, LLC	27-3707698	MI	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
Phoenix Home Health Care Holdings, Inc	27-0275730	DE	
U.S. Medical Management, LLC (4%)	38-3153946	DE	
Pinnacle Home Care Holdings, Inc	27-0275563	DE	
U.S. Medical Management, LLC (1%)	38-3153946	DE	
ComfortBrook Hospice Holdings, Inc	27-0275782	DE	
U.S. Medical Management, LLC (1%)	38-3153946	DE	
U.S. Medical Management, LLC (14%)	38-3153946	DE	
U.S. Medical Management, LLC (48%)	38-3153946	DE	
RMED, LLC	31-1733889	FL	
Heritage Home Hospice, LLC	51-0581762	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
Grace Hospice of Austin, LLC	20-2827613	MI	
Seniorcorps Pensinsula, LLC	26-4435532	VA	

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

ComfortBrook Hospice, LLC	20-1530070	OH
R&C Healthcare, LLC	33-1179031	TX
Comfort Hospice of Texas, LLC	20-4996551	MI
A N J, LLC	20-0927034	TX
Grace Hospice of San Antonio, LLC	20-2827526	MI
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Country Style Health Care, LLC	03-0556422	TX
Grace Hospice of Indiana, LLC	45-0634905	MI
Phoenix Home Health Care, LLC	14-1878333	DE
Grace Hospice of Virginia, LLC	45-5080637	MI
Traditional Home Health Services, LLC	75-2635025	TX
Comfort Hospice of Missouri, LLC	45-5080567	MI
Family Nurse Care, LLC	38-2751108	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Family Nurse Care II, LLC	20-5108540	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Hospice DME Company, LLC	46-1734288	MI
Pinnacle Home Care, LLC	76-0713516	TX
USMM ACO, LLC	45-4165480	MI
USMM ACO Florida, LLC	45-4157180	MI
USMM ACO North Texas, LLC	45-4154905	MI
North Florida Health Services, Inc	59-3519060	FL

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UIP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	22-3889471				CenCorp Health Solutions, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	1.0	Centene Corporation	
01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	99.0	Centene Corporation	
01295	Centene Corporation	00000	52-2379566				NurseWise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona, LLC	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	06-1404277				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT	NIA	Nurtur Health, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	16-1686991				Wellness By Choice, LLC	NY	NIA	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	12525	74-3018565				Cenpatico Behavioral Health of TX, Inc	TX	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona, Inc	AZ	IA	Cenpatico Behavioral Health of Arizona, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc	LA	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4730341				OptiCare Managed Vision, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	36-4520004				OptiCare Vision Insurance Co, Inc	SC	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	95302	75-2592153				AECC Total Vision Health Plan of Texas, Inc	TX	IA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc	DE	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	65-0094759				Ocucare Systems, Inc	FL	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4861241				Total Vision, Inc	DE	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-2783884				Dental Health & Wellness, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-4168814				Dental Health & Wellness of Louisiana, Inc	LA	NIA	Dental Health & Wellness, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	UDP	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc.	LA	RE	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc.	Ownership	49.0	Centene Corporation	
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc.	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	95503	22-3292245				University Health Plans, Inc.	NJ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	1.0	Centene Corporation	
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	99.0	Centene Corporation	
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	77-0578529				US Script, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc.	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc.	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holdings, Inc.	MO	NIA	Centene Corporation	Ownership	95.0	Centene Corporation	
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holdings, Inc.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	82.2	Centene Corporation	
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-5583511				Western Sky Community Care, Inc.	NM	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	

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STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc.	Ownership	51.0	Centene Corporation	
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1696004				Massachusetts Partnership for Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1041008				Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4102134				Centurion of Missouri, LLC	MO	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4839132				Centurion of West Virginia, LLC	WV	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc.	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc.	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc.	TX	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc.	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Absolute Total Care, Inc.	Ownership	1.0	Centene Corporation	.0

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STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Peach State Health Plan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Superior HealthPlan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	IlliniCare Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Bankers Reserve Life Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Managed Health Services Insurance Corp.	Ownership	2.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Buckeye Community Health Plan, Inc.	Ownership	13.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3707698				HomeScripts, LLC	MI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275730				Phoenix Home Health Care Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Phoenix Home Health Care Holdings, Inc.	Ownership	4.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275563				Pinnacle Home Care Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Pinnacle Home Care Holdings, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275782				ComfortBrook Hospice Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	ComfortBrook Hospice Holdings, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	14.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	.0
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

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

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

1.

Bar Code:

1.



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	0	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

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	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)	0	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

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	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)	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

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	35,097,809	15,259,841
2. Cost of bonds and stocks acquired	10,761,066	42,281,966
3. Accrual of discount	4,834	7,366
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	(8,842)	(3,127)
6. Deduct consideration for bonds and stocks disposed of	6,334,986	22,377,767
7. Deduct amortization of premium	23,329	70,469
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)	39,496,552	35,097,809
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	39,496,552	35,097,809

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	52,266,455	60,219,556	61,345,014	(16,692)	51,124,305	0	0	52,266,455
2. NAIC 2 (a).....	1,153,731	683,577		(7,095)	1,830,213	0	0	1,153,731
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	53,420,186	60,903,133	61,345,014	(23,787)	52,954,518	0	0	53,420,186
PREFERRED STOCK								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	53,420,186	60,903,133	61,345,014	(23,787)	52,954,518	0	0	53,420,186

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$260,411 ;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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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	13,457,966	XXX	13,476,090	1,131	

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.....	18,322,375	12,083,469
2. Cost of short-term investments acquired	50,142,067	312,349,010
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	55,001,184	306,097,272
7. Deduct amortization of premium.....	5,292	12,832
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	13,457,966	18,322,375
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	13,457,966	18,322,375

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	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 cash equivalents acquired		43,600,000
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals		43,600,000
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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, 2014 OF THE Louisiana Healthcare Connections, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
313560-PQ-0	FANNIE MAE 10/26/2017 .875%		01/02/2014	Morgan Stanley		1,724,765	1,750,000	2,850	1
3130A0-C6-5	FEDERAL HOME LOAN BK 5/8% 12/28/16		03/26/2014	Deutsche Bank		1,939,643	1,950,000	2,980	1
3137EA-DQ-9	FREDDIE MAC .5% 5/13/16		01/06/2014	HSBC Securities		1,999,173	2,000,000	1,500	1
3137EA-DS-5	FREDDIE MAC .875% 10/14/16		01/02/2014	HSBC Securities		1,756,623	1,750,000	3,360	1
3137EA-DW-8	FREDDIE MAC 1.25% 10/02/19		03/28/2014	BMO Nesbitt Burns		288,314	300,000	1,795	1
0599999 - Bonds - U.S. Governments						7,708,518	7,750,000	12,485	XXX
Bonds - U.S. Special Revenue									
3138XD-SE-1	FANNIE MAE POOL AV2316		01/08/2014	Undefined		443,169	447,152	466	1
455057-TR-0	INDIANA ST FIN AUTH REV		02/10/2014	Goldman Sachs & Co		100,000	100,000		1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						543,169	547,152	466	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
038790-AA-2	ARC PROP OPER PART LP CL		02/05/2014	Barclay Capital		239,930	240,000		2FE
04364B-AB-3	ASCENTIUM EQUIPMENT REC TRUST		03/03/2014	Bank of America		269,968	270,000		1FE
25389J-AG-1	DIGITAL REALTY TRUST LP		01/31/2014	STERNE AGEE & LEACH, INC		93,647	90,000	225	2FE
29372E-AT-5	ENTERPRISE FLEET FINANCING LLC		01/08/2014	JP Morgan Chase		100,082	100,000	59	1FE
63946B-AB-6	NBCUNIVERSAL MEDIA LLC		01/24/2014	Deutsche Bank		93,505	90,000	812	1FE
64828U-AK-5	NEW RESIDENTIAL ADV AUTO REC TRUST		03/18/2014	Credit Suisse First Bosto		299,999	300,000		1FE
00131L-2A-2	AIA GROUP LTD	F	03/07/2014	Citigroup Global Markets		398,236	400,000	13	1FE
00182E-AT-6	ANZ NATIONAL INTL NZ FLOATING	F	02/20/2014	Citigroup Global Markets		200,000	200,000		1FE
25243Y-AR-0	DIAGEO CAPITAL PLC 1.5	F	01/29/2014	VARIOUS		266,306	265,000	902	1FE
268317-AJ-3	ELECTRICITE DE FRANCE	F	01/13/2014	Credit Suisse First Bosto		197,704	200,000		1FE
71656L-AW-1	PETROLEOS MEXICANOS	F	01/16/2014	Deutsche Bank		40,000	40,000		2FE
92848G-AA-5	VITALITY REV LTD	F	01/17/2014	Goldman Sachs & Co		310,000	310,000		2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,509,377	2,505,000	2,011	XXX
8399997 - Subtotals - Bonds - Part 3						10,761,064	10,802,152	14,962	XXX
8399999 - Subtotals - Bonds						10,761,064	10,802,152	14,962	XXX
9999999 Totals						10,761,064	XXX	14,962	XXX

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

E04

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
000000-00-0...	Regions Bank CD #0107394284 DTD		02/25/2014	Maturity		250,000	250,000	250,000	250,000				.0		250,000			.0	.867	02/25/2014	1
313463-SD-3...	FREDDIE MAC 75% 9/28/15		03/28/2014	Called		100,000	100,000	99,900	99,951		.7		.7		99,958		.42	.42	.375	09/28/2015	1
313463-QL-7...	FREDDIE MAC 1% 9/6/16		03/06/2014	Called		100,000	100,000	99,550	99,726		.19		.19		99,744		.256	.256	.500	09/06/2016	1
313463-RK-8...	FREDDIE MAC 3/14/16		03/14/2014	Called		1,950,000	1,950,000	1,966,263	1,960,055		(.914)		(.914)		1,959,140		(.9,140)	(.9,140)	9,750	03/14/2016	1
912828-KJ-8...	US TREASURY NOTE 3/31/14 1.75%		03/31/2014	MATURITY		100,000	100,000	100,633	100,041		(.41)		(.41)		100,000			.0	.875	03/31/2014	1
0599999 - Bonds - U.S. Governments						2,500,000	2,500,000	2,516,346	2,509,773	0	(.929)	0	(.929)	0	2,508,842	0	(8,842)	(8,842)	12,367	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
313560-MN-0...	FANNIE MAE 1.125% 6/28/17		03/28/2014	Called		100,000	100,000	100,000	100,000				.0		100,000			.0	.281	06/28/2017	1
3138W9-RN-2...	FANNIE MAE POOL AS0492		03/25/2014	PRINCIPAL RECEIPT		35,276	35,276	35,039	35,039		.238		.238		35,276		.135	.135	.135	09/01/2028	1
3138X6-M2-8...	FANNIE MAE POOL AU6676		03/25/2014	PRINCIPAL RECEIPT		18,534	18,534	18,409	18,409		.125		.125		18,534		.0	.0	.64	09/01/2028	1
3138XD-SE-1...	FANNIE MAE POOL AV2316		03/25/2014	PRINCIPAL RECEIPT		7,774	7,774	7,704	7,704		.69		.69		7,774		.0	.0	.24	12/01/2028	1
455057-TR-0...	INDIANA ST FIN AUTH REV LOUDOUN CNTY CA SANTN WTR		02/27/2014	Goldman Sachs & Co		100,000	100,000	100,000					.0		100,000			.0	.2	02/01/2037	1FE
545904-GS-7...	SWR REV MASSACHUSETTS ST HEALTH		01/03/2014	VARIOUS		1,000,000	1,000,000	1,000,000	1,000,000				.0		1,000,000			.0	.37	01/01/2030	1FE
57586E-HU-8...	AUTH REV OKLAHOMA ST CAPITOL IMPT		01/03/2014	Wells Fargo		200,000	200,000	200,000	200,000				.0		200,000			.0	.6	07/01/2027	1FE
67908N-SJ-1...	AUTH VR UNIV OF MICHIGAN MI		01/07/2014	Merrill Lynch		500,000	500,000	500,000	500,000				.0		500,000			.0	.28	07/01/2031	1FE
914455-HD-5...	UNIV OF MICHIGAN MI		01/03/2014	Merrill Lynch		1,800,000	1,800,000	1,800,000	1,800,000				.0		1,800,000			.0	.35	04/01/2038	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						3,761,584	3,761,583	3,761,152	3,653,448	0	432	0	432	0	3,761,584	0	0	0	612	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
05464F-AB-0...	AXIS EQUIPMENT FINANCE RECEIVABLES		03/20/2014	PRINCIPAL RECEIPT		11,854	11,854	11,853	11,857		(.3)		(.3)		11,854			.0	.22	06/20/2016	1FE
301657-AA-0...	EXETER AUTO RECEIVABLES TRUST		03/15/2014	PRINCIPAL RECEIPT		18,430	18,430	18,430	18,434		(.4)		(.4)		18,430			.0	.27	12/15/2015	1FE
30165P-AA-0...	EXETER AUTOMOBILE RECEIVABLE TRUST		03/15/2014	PRINCIPAL RECEIPT		30,202	30,202	30,201	30,209		(.7)		(.7)		30,202			.0	.51	11/15/2017	1FE
78392N-AA-9...	SNAAC AUTO RECEIVABLES TRUST		03/15/2014	PRINCIPAL RECEIPT		12,920	12,920	12,919	12,922		(.2)		(.2)		12,920			.0	.17	07/16/2018	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						73,406	73,405	73,403	73,422	0	(.16)	0	(.16)	0	73,406	0	0	0	117	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						6,334,990	6,334,988	6,350,901	6,236,643	0	(513)	0	(513)	0	6,343,832	0	(8,842)	(8,842)	13,096	XXX	XXX
8399999 - Subtotals - Bonds						6,334,990	6,334,988	6,350,901	6,236,643	0	(513)	0	(513)	0	6,343,832	0	(8,842)	(8,842)	13,096	XXX	XXX
9999999 Totals						6,334,990	XXX	6,350,901	6,236,643	0	(513)	0	(513)	0	6,343,832	0	(8,842)	(8,842)	13,096	XXX	XXX

EO5

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF MARCH 31, 2014 OF THE Louisiana Healthcare Connections, 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
<p>NONE</p>							
8699999 Total Cash Equivalents					0	0	0