

**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

**SEPTEMBER 30, 2013**

**2013**

HEALTH

**2013**



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2013  
OF THE CONDITION AND AFFAIRS OF THE

## Louisiana Healthcare Connections, Inc.

NAIC Group Code	1295 <small>(Current Period)</small>	1295 <small>(Prior Period)</small>	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 <small>(Street and Number)</small>		Saint Louis, MO, US 63105 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	7700 Forsyth Boulevard <small>(Street and Number)</small>		Saint Louis, MO, US 63105 <small>(City or Town, State, Country and Zip Code)</small>		314-725-4477 <small>(Area Code) (Telephone Number)</small>	
Mail Address	7700 Forsyth Boulevard <small>(Street and Number or P.O. Box)</small>		Saint Louis, MO, US 63105 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	7700 Forsyth Boulevard <small>(Street and Number)</small>		Saint Louis, MO, US 63105 <small>(City or Town, State, Country and Zip Code)</small>		314-725-4477-28239 <small>(Area Code) (Telephone Number)</small>	
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	Karen Dierking <small>(Name)</small>		314-725-4477-28239 <small>(Area Code) (Telephone Number) (Extension)</small>			
	kdierking@centene.com <small>(E-mail Address)</small>		314-725-4768 <small>(FAX Number)</small>			

### OFFICERS

Name	Title	Name	Title
James Elliott Schlottman	President	Jesse Nathan Hunter	Vice President
William Nelder Scheffel	Vice President	Keith Harvey Williamson	Secretary
Jeffrey Alan Schwaneke	Treasurer	Tricia Lynn Dinkelman	Vice President of Tax

### OTHER OFFICERS

Jesse Nathan Hunter	Brent D Layton	Keith Harvey Williamson	William Nelder Scheffel
Mark William Eggert			

### DIRECTORS OR TRUSTEES

State of MISSOURI  
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 E. Schlottman  
James Elliott Schlottman  
President

Jesse Nathan Hunter  
Jesse Nathan Hunter  
Vice President

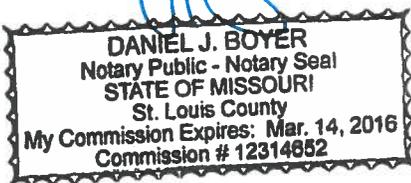
William N. Scheffel  
William Nelder Scheffel  
Vice President

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

Subscribed and sworn to before me this 15TH day of NOVEMBER 2013



STATEMENT AS OF SEPTEMBER 30, 2013 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 .....	35,029,846		35,029,846	15,259,841
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 (\$ .....20,749,897 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....16,345,519 ) .....	37,095,417		37,095,417	37,026,932
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) .....	72,125,263	0	72,125,263	52,286,773
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	87,907		87,907	27,764
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	6,112,095		6,112,095	6,493,360
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 .....	124,545		124,545	451,613
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 .....	4,548,774		4,548,774	5,887,646
18.2 Net deferred tax asset .....	1,632,105	456,430	1,175,675	0
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 .....	111,608		111,608	24,000,101
24. Health care (\$ .....38,983 ) and other amounts receivable .....	2,706,084	2,667,101	38,983	56,710
25. Aggregate write-ins for other than invested assets .....	85,782	23,000	62,782	125,541
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	87,534,163	3,146,531	84,387,632	89,329,508
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	87,534,163	3,146,531	84,387,632	89,329,508
<b>DETAILS OF WRITE-INS</b>				
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 .....	23,000	23,000	0	0
2502. State Income Tax Recoverable .....	62,782	0	62,782	125,541
2503. ....				
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) .....	85,782	23,000	62,782	125,541

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....1,620,000 reinsurance ceded).....	40,929,055		40,929,055	46,541,996
2. Accrued medical incentive pool and bonus amounts .....	214,160		214,160	18,160
3. Unpaid claims adjustment expenses .....	817,000		817,000	893,000
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 .....	4,946,191		4,946,191	6,323,606
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			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	376,289
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) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	46,906,406	0	46,906,406	54,153,050
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	0	0
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	51,900,000	51,900,000
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(14,418,775)	(16,723,543)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	37,481,225	35,176,457
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	84,387,631	89,329,507
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
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	0	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	1,422,283	987,693	1,487,504
2. Net premium income (including \$ non-health premium income).....	XXX	338,094,961	162,245,345	271,118,625
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	338,094,961	162,245,345	271,118,625
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	0	186,397,880	126,337,515	191,943,888
10. Other professional services .....	0	10,494,543	7,559,994	12,965,711
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	0	29,103,449	19,439,398	30,887,011
13. Prescription drugs .....	0	61,881,965	0	20,407,247
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	615,668	83,624	18,160
16. Subtotal (Lines 9 to 15) .....	0	288,493,505	153,420,531	256,222,017
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	812,250	1,604,006	2,429,532
18. Total hospital and medical (Lines 16 minus 17) .....	0	287,681,255	151,816,525	253,792,486
19. Non-health claims (net).....	0		0	0
20. Claims adjustment expenses, including \$ 706,108 cost containment expenses.....	0	10,169,049	6,013,802	9,163,082
21. General administrative expenses.....	0	36,947,473	18,498,156	30,566,560
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	334,797,777	176,328,483	293,522,128
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	3,297,184	(14,083,138)	(22,403,502)
25. Net investment income earned .....	0	193,721	59,141	108,270
26. Net realized capital gains (losses) less capital gains tax of \$ .....	0	(3,128)	(1,203)	(1,048)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	190,593	57,938	107,222
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....	0	0	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	3,487,777	(14,025,200)	(22,296,281)
31. Federal and foreign income taxes incurred .....	XXX	(7,945)	2,773,614	(5,887,685)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,495,722	(16,798,814)	(16,408,596)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX	0	0	0
0602. ....	XXX	0	0	0
0603. ....	XXX	0	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	0
0702. ....	XXX	0	0	0
0703. ....	XXX	0	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	0	0
1402. ....	0	0	0	0
1403. ....	0	0	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	0	0
2902. ....	0	0	0	0
2903. ....	0	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	35,176,457	3,008,526	3,008,526
34. Net income or (loss) from Line 32 .....	3,495,722	(16,798,814)	(16,408,596)
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 .....	(397,048)	7,703,079	2,029,152
39. Change in nonadmitted assets .....	(793,906)	(4,930,122)	(2,352,625)
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 .....		24,900,000	48,900,000
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) .....	2,304,768	10,874,143	32,167,931
49. Capital and surplus end of reporting period (Line 33 plus 48)	37,481,225	13,882,669	35,176,457
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....		0	0
4703. ....		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	338,476,226	261,975,836	264,625,266
2. Net investment income .....	177,633	36,174	101,580
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	338,653,859	262,012,010	264,726,846
5. Benefit and loss related payments .....	295,024,531	113,364,104	208,056,625
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 .....	49,090,474	19,320,952	32,313,281
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(1,346,816)	(79,999)	(564)
10. Total (Lines 5 through 9) .....	342,768,189	132,605,057	240,369,342
11. Net cash from operations (Line 4 minus Line 10) .....	(4,114,330)	129,406,953	24,357,504
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	16,364,709	305,003	725,000
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	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	16,364,709	305,003	725,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	36,181,893	13,588,951	14,013,225
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 .....	1	0	564
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	36,181,894	13,588,951	14,013,789
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) .....	(19,817,185)	(13,283,948)	(13,288,789)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	24,000,000	12,700,000	24,900,000
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).....	24,000,000	12,700,000	24,900,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	68,485	128,823,005	35,968,715
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	37,026,932	1,058,217	1,058,217
19.2 End of period (Line 18 plus Line 19.1) .....	37,095,417	129,881,222	37,026,932

STATEMENT AS OF SEPTEMBER 30, 2013 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 Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	165,949	.0	.0	.0	.0	.0	.0	.0	165,949	.0
2. First Quarter .....	162,489	.0	.0	.0	.0	.0	.0	.0	162,489	.0
3. Second Quarter .....	153,415	.0	.0	.0	.0	.0	.0	.0	153,415	.0
4. Third Quarter .....	152,291								152,291	
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician .....	604,628								604,628	
8. Non-Physician .....	546,522								546,522	
9. Total	1,151,150	0	0	0	0	0	0	0	1,151,150	0
10. Hospital Patient Days Incurred	60,074								60,074	
11. Number of Inpatient Admissions	13,149								13,149	
12. Health Premiums Written (a).....	342,468,299								342,468,299	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	342,468,299								342,468,299	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	292,692,080								292,692,080	
18. Amount Incurred for Provision of Health Care Services	288,192,313								288,192,313	

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



STATEMENT AS OF SEPTEMBER 30, 2013 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 .....	46,004,814	246,687,266	862,435	40,171,543	46,867,249	46,541,996
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	46,004,814	246,687,266	862,435	40,171,543	46,867,249	46,541,996
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....			18,160	196,000	18,160	18,160
13. Totals (Lines 9-10+11+12)	46,004,814	246,687,266	880,595	40,367,543	46,885,409	46,560,156

6

(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 January 1, 2001 (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Louisiana.

#### 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. None.
2. None
3. N/A; there are no securities with a recognized other-than-temporary impairment.
4. N/A; there are no securities with a recognized other-than-temporary impairment.
5. N/A; there are no impaired securities.

#### E. Repurchase Agreements and/or Securities Lending Transactions

None

F-G. No change

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

No change

### 7. Investment Income

No change

### 8. Derivative Instruments

No change

### 9. Income Taxes

No change

### 10. Information Concerning Parent, Subsidiaries and Affiliates

No change

### 11. Debt

No change

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

#### A. Defined Benefit Plans

## NOTES TO FINANCIAL STATEMENTS

No change

B-F. No change

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

No change

### 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. 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 September 30, 2013 for assets and liabilities measured at fair value on a recurring basis, which are traded daily with a one day notice.

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Investments				
Cash and short-term investments	\$ 37,095,417			\$ 37,095,417
Common stock				\$ -
Total assets at fair value	<u>\$ 37,095,417</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 37,095,417</u>

The following table summarizes fair value measurements by level at December 31, 2012 for assets and liabilities measured at fair value on a recurring basis, which are traded daily with a one day notice.

	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Investments:				
Cash and short-term investments	\$ 37,026,932	—	—	37,026,932
Common stock	—	—	—	—
Total assets at fair value	<u>\$ 37,026,932</u>	<u>—</u>	<u>—</u>	<u>37,026,932</u>

B. None

C. The following table summarizes the aggregate fair value measurements by level at September 30, 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	\$ 34,634,895	\$ 35,029,847	\$ 22,436,433	12,198,463	\$ -	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2012 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	\$ 15,367,770	\$ 15,259,841	\$ 12,763,958	2,603,812	\$ -	\$ -

D. None

### 21. Other Items

No change

### 22. Events Subsequent

Subsequent events have been considered through November 15, 2013, 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, 2012 were \$46.5 million. As of September 30, 2013, \$46.0 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

## NOTES TO FINANCIAL STATEMENTS

\$.9 million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0.4 million unfavorable prior-year development from December 31, 2012 to September 30, 2013. The increase 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

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: October 15, 2013
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 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.2 If the response to 3.1 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: ..... \$ .....111,608

### 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.....  | 85.3 % |
| 1.2 A&H cost containment percent .....                           | 0.2 %  |
| 1.3 A&H expense percent excluding cost containment expenses..... | %      |
- 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 SEPTEMBER 30, 2013 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							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
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				342,468,299			342,468,299	
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	0	342,468,299	0	0	342,468,299	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	0	0	342,468,299	0	0	342,468,299	0	0
<b>DETAILS OF WRITE-INS</b>										
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.

## 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	
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 (23.2%)	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 Louisiana, Inc.	45-2303998	LA	
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	

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

### PART 1 - ORGANIZATIONAL CHART

Total Vision, Inc	20-4861241	DE	
Dental Health & Wellness, Inc	46-2783884	DE	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (29%)	46-2860967	MO	
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1.5%)	46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Coordinated Care of Washington, Inc.	46-2578279	WA	
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2.9%)	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 (29%)	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	

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

### PART 1 - ORGANIZATIONAL CHART

US Script IPA, LLC	46-2307356	NY	
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (7.2%)	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 (7.2%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Casenet LLC	90-0636938	DE	
Casenet Holdings II, Inc	27-4095851	DE	
Casenet Holdings I, Inc	26-4004766	DE	
Casenet Holdings III, Inc	27-4151756	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	
MHS Travel & Charter, Inc	43-1795436	WI	
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	

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

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
Fairfax Healthcare Services, Inc	41-2055462	VA
Specialty Rx, Inc	26-0170829	VA

STATEMENT AS OF SEPTEMBER 30, 2013 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	UDP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	.0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	22-3889471				CenCorp Health Solutions, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	52-2379566				NurseWise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona, LLC	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
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	.0
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	.0
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12525	74-3018565				Cenpatico Behavioral Health of TX, Inc	TX	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0

STATEMENT AS OF SEPTEMBER 30, 2013 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	80-0879942				Cenpatico of Arizona, Inc.	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730341				OptiCare Managed Vision, Inc.	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-4520004				OptiCare Vision Insurance Co, Inc	SC	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95302	75-2592153				AEOC Total Vision Health Plan of Texas, Inc.	TX	IA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc.	DE	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	65-0094759				Ocucare Systems, Inc.	FL	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4861241				Total Vision, Inc.	DE	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-5349029				Cenpatico of Florida, Inc.	FL	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc.	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc.	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc.	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp.	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co.	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc.	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc.	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc.	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc.	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95503	22-3292245				University Health Plans, Inc.	NJ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

STATEMENT AS OF SEPTEMBER 30, 2013 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	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	77-0578529				US Script, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc.	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding Company, Inc.	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding Company, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc.	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holdings, Inc.	MO	NIA	Centene Corporation	Ownership	95.0	Centene Corporation	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	82.2	Centene Corporation	.0
01295	Centene Corporation	00000	27-4095851				Casenet Holdings II, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4004766				Casenet Holdings I, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-4151756				Casenet Holdings III, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5583511				Western Sky Community Care, Inc.	NM	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	64-1450727				Centurion Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

16.2

Asterisk	Explanation
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## 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**

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**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 .....	15,259,841	1,986,961
2. Cost of bonds and stocks acquired .....	36,181,895	14,013,225
3. Accrual of discount .....	5,432	1,248
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	(3,128)	(1,048)
6. Deduct consideration for bonds and stocks disposed of .....	16,364,707	725,000
7. Deduct amortization of premium .....	49,487	15,545
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) .....	35,029,846	15,259,841
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	35,029,846	15,259,841

STATEMENT AS OF SEPTEMBER 30, 2013 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 Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	31,241,219	108,189,555	89,299,485	(16,326)	51,730,234	31,241,219	50,114,963	27,343,310
2. Class 2 (a).....	1,100,094	166,607	.0	(6,298)	479,992	1,100,094	1,260,403	.0
3. Class 3 (a).....	.0				.0	.0	.0	.0
4. Class 4 (a).....	.0				.0	.0	.0	.0
5. Class 5 (a).....	.0				.0	.0	.0	.0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	32,341,313	108,356,162	89,299,485	(22,624)	52,210,226	32,341,313	51,375,366	27,343,310
<b>PREFERRED STOCK</b>								
8. Class 1.....	.0				.0	.0	.0	.0
9. Class 2.....	.0				.0	.0	.0	.0
10. Class 3.....	.0				.0	.0	.0	.0
11. Class 4.....	.0				.0	.0	.0	.0
12. Class 5.....	.0				.0	.0	.0	.0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	32,341,313	108,356,162	89,299,485	(22,624)	52,210,226	32,341,313	51,375,366	27,343,310

(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 \$ .....0 ; NAIC 2 \$ .....270,995 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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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	16,345,520	XXX	16,353,061	8,184	3,385

**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.....	12,083,469	58,217
2. Cost of short-term investments acquired .....	240,332,916	85,177,553
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	236,063,325	73,152,301
7. Deduct amortization of premium.....	7,541	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	16,345,519	12,083,469
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	16,345,519	12,083,469

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	0
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	0
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 SEPTEMBER 30, 2013 OF THE Louisiana Healthcare Connections, Inc.

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
313560-YM-9	FANNIE MAE 1.875% 9/18/18		09/23/2013	Deutsche Bank		50,458	50,000	16	1
<b>0599999 - Bonds - U.S. Governments</b>						50,458	50,000	16	XXX
<b>Bonds - U.S. Special Revenue</b>									
160853-MR-5	CHARLOTTE MECKLENBURG NC HOSP		08/26/2013	JP Morgan Chase		100,000	100,000	4	1FE
182521-BL-7	CLARKSVILLE TN NAT GAS ACQ CORP		08/06/2013	Citigroup Global Markets		126,790	115,000	863	2FE
455057-TR-0	INDIANA ST FIN AUTH REV		08/07/2013	Goldman Sachs & Co		100,000	100,000	1	1FE
606901-LE-4	MISSOURI ST HLTH & EDL FAGS WASH U		08/23/2013	Wachovia Bank/Capital Mkt		1,000,000	1,000,000	21	1FE
67908N-SJ-1	OKLAHOMA ST CAPITOL TMPT AUTH VR		08/22/2013	Merrill Lynch		500,000	500,000	30	1FE
679111-TB-0	OKLAHOMA ST TPK AUTH TPK REV		08/22/2013	JP Morgan Chase		700,000	700,000	22	1FE
914455-HD-5	UNIV OF MICHIGAN MI		08/23/2013	Merrill Lynch		2,700,000	2,700,000	57	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions</b>						5,226,790	5,215,000	998	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
126802-CQ-8	CABELA'S MASTER CREDIT CARD TRUST		08/07/2013	Bank of America		139,985	140,000		1FE
14313N-AD-4	CARMAX AUTO OWNER TRUST		07/31/2013	JP Morgan Chase		189,991	190,000		1FE
30165P-AA-0	EXETER AUTOMOBILE RECEIVABLE TRUST		09/11/2013	Deutsche Bank		199,997	200,000		1FE
404225-BM-5	HLSS SERVICER ADV REC BACKED NOTES		08/01/2013	Barclay Capital		190,000	190,000		1FE
50187V-AC-5	LEAF II RECEIVABLES FUNDING LLC		09/23/2013	Credit Suisse First Bosto		99,713	100,000		1FE
58768W-AD-1	MERCEDES BENZ AUTO REC TRUST		07/23/2013	Bank of America		109,982	110,000		1FE
658203-S8-8	NC ST MUNI PWR AGY ELEC REV		07/22/2013	BB & T Capital Markets		251,176	220,000	733	1FE
96041U-AB-8	WESTLAKE AUTO RECEIVABLES TR		09/18/2013	Greenwich Capital		119,987	120,000		1FE
981464-DB-3	WORLD FINCL NTWK CREDIT CARD TRUST		07/19/2013	JP Morgan Chase		189,599	190,000	84	1FE
06366R-PR-0	BANK OF MONTREAL	F	07/11/2013	Morgan Stanley		134,877	135,000		1FE
064159-CQ-7	BANK OF NOVA SCOTIA	F	07/10/2013	Bank of America		69,936	70,000		1FE
136069-FU-0	CANADIAN IMPERIAL BANK	F	07/15/2013	Barclay Capital		239,851	240,000		1FE
71654Q-BJ-0	PETROLEOS MEXICANOS	F	07/12/2013	Barclay Capital		39,817	40,000		2FE
89153V-AF-6	TOTAL CAPITAL INTL SA	F	08/05/2013	JP Morgan Chase		79,781	80,000		1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						2,054,692	2,025,000	817	XXX
<b>8399997 - Subtotals- Bonds - Part 3</b>						7,331,940	7,290,000	1,831	XXX
<b>8399999 - Subtotals - Bonds</b>						7,331,940	7,290,000	1,831	XXX
<b>9999999 Totals</b>						7,331,940	XXX	1,831	XXX

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

STATEMENT AS OF SEPTEMBER 30, 2013 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)
<b>Bonds - U.S. Governments</b>																					
31398A-2S-0	FANNIE MAE 1% 9/23/13		09/23/2013	MATURITY		50,000	50,000	50,241	50,075		(75)		(75)		50,000			0	500	09/23/2013	1
<b>0599999 - Bonds - U.S. Governments</b>																					
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
160853-MR-5	CHARLOTTE MECKLENBURG NC HOSP		09/26/2013	JP Morgan Chase		100,000	100,000	100,000					0	100,000			0	0	0	08/15/2038	1FE
167505-NU-6	CHICAGO IL BOARD EDU SER F		08/01/2013	Merrill Lynch		89,826	80,000	93,847			(728)		(728)	93,119		(3,293)	(3,293)	2,722	0	12/01/2018	1FE
20774L-RT-4	CONNECTICUT ST HEALTH & EDL FA VAR		08/08/2013	Barclay Capital		1,100,000	1,100,000	1,100,000					0	1,100,000			0	349	0	07/01/2036	1FE
455057-TR-0	INDIANA ST FIN AUTH REV		08/12/2013	Goldman Sachs & Co		100,000	100,000	100,000					0	100,000			0	1	0	02/01/2037	1FE
455057-TP-4	INDIANA ST FIN AUTH REV VR		09/25/2013	JP Morgan Chase		300,000	300,000	300,000					0	300,000			0	43	0	02/01/2037	1FE
545904-GS-7	LOUDOUN CNTY CA SANTN WTR SWR REV		07/16/2013	Wells Fargo		100,000	100,000	100,000					0	100,000			0	21	0	01/01/2030	1FE
606901-LC-8	Missouri St Health & Edl Facs V/R		09/18/2013	Goldman Sachs & Co		400,000	400,000	400,000					0	400,000			0	227	0	09/01/2030	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
						2,189,826	2,180,000	2,193,847	0	0	(728)	0	(728)	0	2,193,119	0	(3,293)	(3,293)	3,371	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
301657-AA-0	EXETER AUTO RECEIVABLES TRUST		09/15/2013	PRINCIPAL RECEIPT		21,051	21,051	21,050			1		1	21,051			0	59	0	12/15/2015	1FE
647110-FG-5	NEW MEXICO EDUC ASSIST FOUNDATION		09/01/2013	PRINCIPAL RECEIPT		16,672	16,672	16,598			73		73	16,672			0	38	0	04/01/2021	1FE
78392N-AA-9	SNAAC AUTO RECEIVABLES TRUST		09/15/2013	PRINCIPAL RECEIPT		17,465	17,465	17,464			1		1	17,465			0	62	0	07/16/2018	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
						55,188	55,187	55,112	0	0	75	0	75	0	55,188	0	0	0	159	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>																					
						2,295,014	2,285,187	2,299,200	50,075	0	(728)	0	(728)	0	2,298,307	0	(3,293)	(3,293)	4,030	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>																					
						2,295,014	2,285,187	2,299,200	50,075	0	(728)	0	(728)	0	2,298,307	0	(3,293)	(3,293)	4,030	XXX	XXX
<b>9999999 Totals</b>																					
						2,295,014	XXX	2,299,200	50,075	0	(728)	0	(728)	0	2,298,307	0	(3,293)	(3,293)	4,030	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**



**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
<b>NONE</b>							
8699999 Total Cash Equivalents					0	0	0