



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## CompBenefits Company

NAIC Group Code 0119 0119 NAIC Company Code 52015 Employer's ID Number 59-2531815  
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry FL

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 07/12/1984 Commenced Business 02/12/1985

Statutory Home Office 5775 Blue Lagoon Drive, Suite 400, Miami, FL, US 33126  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740036, Louisville, KY, US 40201-7436  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.compbenefits.com

Statutory Statement Contact Natalie Peak, 502-580-8331  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com, 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

President & VP, Small Business & Large Group Gerald Lawrence Ganoni Sr. VP & CFO Brian Andrew Kane #  
VP & Corporate Secretary Joan Olliges Lenahan VP & Appointed Actuary Jonathan Albert Canine

### OTHER

Alan James Bailey # VP & Treasurer Elizabeth Diane Bierbower Pres, Employer Group Segment John Gregory Catron VP & Chief Compliance Officer  
Roy Goldman Ph.D VP & Chief Actuary Charles Frederic Lambert, III Vice President Mark Matthew Matzke VP-Strategic Mgmt Small Group  
Steven Edward McCulley # SVP, Medicare Operations William Mark Preston # VP-Investment Management Tamara Lynn Quiram # COO, Small Business & Large Group  
Richard Donald Remmers VP, Employers Group Segment Donald Hank Robinson # Vice President-Tax Joseph Christopher Ventura Assistant Corporate Secretary  
Ralph Martin Wilson Vice President Tod Zacharias Vice President

### DIRECTORS OR TRUSTEES

Roy Ainsworth Beveridge M.D. # Bruce Dale Broussard James Elmer Murray

State of Kentucky SS:  
County of Jefferson

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

Gerald Lawrence Ganoni Joan Olliges Lenahan Alan James Bailey  
President & VP, Small Business & Large Group VP & Corporate Secretary VP & Treasurer #

Subscribed and sworn to before me this 20th day of February 2015  
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.....

Michele Sizemore  
Notary Public  
January 3, 2019

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	99,082	0	99,082	94,986
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....3,270,658 , Schedule E - Part 1), cash equivalents (\$ .....31,999,717 , Schedule E - Part 2) and short-term investments (\$ .....1,100,385 , Schedule DA) .....	36,370,760	0	36,370,760	32,157,530
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	36,469,842	0	36,469,842	32,252,516
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,442	0	1,442	837
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	538,998	422,546	116,452	2,026,728
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	15,562	0	15,562	159,244
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
18.2 Net deferred tax asset .....	1,382,391	0	1,382,391	1,415,258
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,479,941	1,479,941	0	0
24. Health care (\$ .....0 ) and other amounts receivable .....	6,192	1,403	4,789	20,889
25. Aggregate write-ins for other than invested assets .....	1,988,442	1,988,442	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	41,882,810	3,892,332	37,990,478	35,875,472
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	41,882,810	3,892,332	37,990,478	35,875,472
<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 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	1,445,281	1,445,281	0	0
2502. Prepaid Commissions .....	535,161	535,161	0	0
2503. Deposits .....	8,000	8,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	1,988,442	1,988,442	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	3,868,722	22,455	3,891,177	4,790,499
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	33,217	0	33,217	40,156
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	3,427,204	0	3,427,204	2,968,574
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserves .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	1,346,265	0	1,346,265	1,082,321
9. General expenses due or accrued .....	2,423,904	0	2,423,904	3,307,718
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) .....	931,526	0	931,526	1,069,363
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others .....	16,771	0	16,771	41,673
13. Remittances and items not allocated .....	0	0	0	12,138
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	191,852	0	191,852	47,017
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	12,239,461	22,455	12,261,916	13,359,459
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	2,252,698	0
26. Common capital stock .....	XXX	XXX	7,500	7,500
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	20,518,823	20,494,113
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	2,949,541	2,014,400
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	25,728,562	22,516,013
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	37,990,478	35,875,472
<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 thru 2303 plus 2398)(Line 23 above) .....	0	0	0	0
2501. Special Surplus - Projected 2015 ACA Fee Assessment .....	XXX	XXX	2,252,698	0
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 thru 2503 plus 2598)(Line 25 above) .....	XXX	XXX	2,252,698	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 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	14,009,529	21,062,475
2. Net premium income ( including \$ .....0 non-health premium income) .....	XXX	113,519,331	131,028,152
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	74,370	179,016
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	113,593,701	131,207,168
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	0	0	0
10. Other professional services .....	418,175	69,480,571	70,473,464
11. Outside referrals .....	0	0	0
12. Emergency room and out-of-area .....	0	0	0
13. Prescription drugs .....	0	0	0
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0
16. Subtotal (Lines 9 to 15) .....	418,175	69,480,571	70,473,464
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	(1,647,128)	(14,758,906)
18. Total hospital and medical (Lines 16 minus 17) .....	418,175	71,127,699	85,232,370
19. Non-health claims (net) .....	0	0	0
20. Claims adjustment expenses, including \$ .....1,492,631 cost containment expenses .....	0	3,013,098	3,935,152
21. General administrative expenses .....	0	33,941,418	38,862,209
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	533,000	(4,628,000)
23. Total underwriting deductions (Lines 18 through 22).....	418,175	108,615,215	123,401,731
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	4,978,486	7,805,437
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	7,603	9,180
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	7,603	9,180
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )] .....	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	1,980,083	2,178,927
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	6,966,172	9,993,544
31. Federal and foreign income taxes incurred .....	XXX	3,165,063	1,832,804
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,801,109	8,160,740
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Miscellaneous Income .....	0	1,980,083	2,178,927
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	1,980,083	2,178,927

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	22,516,013	13,911,371
34. Net income or (loss) from Line 32.....	3,801,109	8,160,740
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	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(32,867)	(1,059,619)
39. Change in nonadmitted assets.....	692,570	709,677
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	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.....	24,710	65,872
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	(1,000,000)	0
47. Aggregate write-ins for gains or (losses) in surplus.....	(272,973)	727,972
48. Net change in capital and surplus (Lines 34 to 47).....	3,212,549	8,604,642
49. Capital and surplus end of reporting period (Line 33 plus 48)	25,728,562	22,516,013
<b>DETAILS OF WRITE-INS</b>		
4701. Prior period adjustment - claims processing.....	(272,973)	727,972
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(272,973)	727,972

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	116,330,272	127,570,635
2. Net investment income .....	9,367	9,034
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	116,339,639	127,579,669
5. Benefit and loss related payments .....	72,560,021	81,234,500
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	35,576,666	39,724,364
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	3,302,900	930,352
10. Total (Lines 5 through 9) .....	111,439,587	121,889,216
11. Net cash from operations (Line 4 minus Line 10) .....	4,900,052	5,690,453
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	95,000	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	95,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	101,465	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	101,465	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(6,465)	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	24,710	65,872
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	1,000,000	0
16.6 Other cash provided (applied) .....	294,933	(1,068,743)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(680,357)	(1,002,871)
<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) .....	4,213,230	4,687,582
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	32,157,530	27,469,948
19.2 End of year (Line 18 plus Line 19.1) .....	36,370,760	32,157,530

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	113,519,331	0	0	75,579,090	37,940,241	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	74,370	0	0	75,142	(772)	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	113,593,701	0	0	75,654,232	37,939,469	0	0	0	0	0
8. Hospital/medical benefits	0	0	0	0	0	0	0	0	0	XXX
9. Other professional services	69,480,571	0	0	41,885,790	27,594,781	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	0	0	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	69,480,571	0	0	41,885,790	27,594,781	0	0	0	0	XXX
16. Net reinsurance recoveries	(1,647,128)	0	0	(1,647,128)	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	71,127,699	0	0	43,532,918	27,594,781	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 1,492,631 cost containment expenses	3,013,098	0	0	2,162,730	842,064	0	0	0	8,304	0
20. General administrative expenses	33,941,418	0	0	23,535,187	10,689,498	0	0	0	(283,267)	0
21. Increase in reserves for accident and health contracts	533,000	0	0	0	533,000	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	108,615,215	0	0	69,230,835	39,659,343	0	0	0	(274,963)	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	4,978,486	0	0	6,423,397	(1,719,874)	0	0	0	274,963	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	0	0	0	0
2. Medicare Supplement .....	0	0	0	0
3. Dental only .....	71,604,276	3,974,814	0	75,579,090
4. Vision only .....	37,939,941	300	0	37,940,241
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	109,544,217	3,975,114	0	113,519,331
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	109,544,217	3,975,114	0	113,519,331

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	70,416,680	0	0	42,363,851	28,052,829	0	0	0	0	0
1.2 Reinsurance assumed	1,610,341	0	0	1,610,341	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	72,027,021	0	0	43,974,192	28,052,829	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	3,854,390	0	0	2,365,008	1,489,382	0	0	0	0	0
3.2 Reinsurance assumed	36,787	0	0	36,787	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	3,891,177	0	0	2,401,795	1,489,382	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a)	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	4,790,499	0	0	2,843,069	1,947,430	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	4,790,499	0	0	2,843,069	1,947,430	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	69,480,571	0	0	41,885,790	27,594,781	0	0	0	0	0
12.2 Reinsurance assumed	1,647,128	0	0	1,647,128	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	71,127,699	0	0	43,532,918	27,594,781	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ 1,403 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	77,547	0	0	77,547	0	0	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	77,547	0	0	77,547	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct .....	3,754,940	0	0	2,281,561	1,473,379	0	0	0	0	0
2.2 Reinsurance assumed .....	36,787	0	0	36,787	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	3,791,727	0	0	2,318,348	1,473,379	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	21,903	0	0	5,900	16,003	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	21,903	0	0	5,900	16,003	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	3,854,390	0	0	2,365,008	1,489,382	0	0	0	0	0
4.2 Reinsurance assumed .....	36,787	0	0	36,787	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	3,891,177	0	0	2,401,795	1,489,382	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	2,463,906	41,510,287	53,021	2,348,773	2,516,927	2,843,070
4. Vision Only .....	1,459,743	26,593,085	1,054	1,488,328	1,460,797	1,947,429
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	3,923,649	68,103,372	54,075	3,837,101	3,977,724	4,790,499
10. Healthcare receivables (a) .....	0	0	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	3,923,649	68,103,372	54,075	3,837,101	3,977,724	4,790,499

(a) Excludes \$ .....1,403 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	3,815	3,870	3,870	3,870	3,870
2. 2010 .....	56,767	59,797	59,857	59,857	59,857
3. 2011 .....	XXX	47,521	49,976	50,020	50,020
4. 2012 .....	XXX	XXX	47,621	49,653	49,696
5. 2013 .....	XXX	XXX	XXX	44,007	46,428
6. 2014 .....	XXX	XXX	XXX	XXX	41,510

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	3,898	3,872	3,870	3,870	3,870
2. 2010 .....	60,318	59,836	59,860	59,857	59,857
3. 2011 .....	XXX	50,514	50,021	50,021	50,021
4. 2012 .....	XXX	XXX	50,026	49,689	49,698
5. 2013 .....	XXX	XXX	XXX	46,812	46,478
6. 2014 .....	XXX	XXX	XXX	XXX	43,859

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010 .....	84,856	59,857	569	1.0	60,426	71.2	0	0	60,426	71.2
2. 2011 .....	81,040	50,020	476	1.0	50,496	62.3	0	0	50,496	62.3
3. 2012 .....	81,428	49,696	473	1.0	50,169	61.6	3	0	50,172	61.6
4. 2013 .....	78,523	46,428	442	1.0	46,870	59.7	50	0	46,920	59.8
5. 2014 .....	75,579	41,510	395	1.0	41,905	55.4	2,349	22	44,276	58.6

12.D0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	2,960	2,978	2,978	2,978	2,978
2.	2010	38,711	41,494	41,518	41,518	41,518
3.	2011	XXX	37,747	40,188	40,195	40,195
4.	2012	XXX	XXX	38,436	41,044	41,054
5.	2013	XXX	XXX	XXX	37,166	38,615
6.	2014	XXX	XXX	XXX	XXX	26,593

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	3,001	2,978	2,978	2,978	2,978
2.	2010	42,413	41,506	41,519	41,518	41,518
3.	2011	XXX	40,404	40,200	40,195	40,195
4.	2012	XXX	XXX	41,391	41,054	41,054
5.	2013	XXX	XXX	XXX	39,103	38,616
6.	2014	XXX	XXX	XXX	XXX	28,081

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	58,083	41,518	395	1.0	41,913	72.2	0	0	41,913	72.2
2. 2011	54,462	40,195	382	1.0	40,577	74.5	0	0	40,577	74.5
3. 2012	55,021	41,054	390	0.9	41,444	75.3	0	0	41,444	75.3
4. 2013	52,505	38,615	367	1.0	38,982	74.2	1	0	38,983	74.2
5. 2014	37,940	26,593	253	1.0	26,846	70.8	1,488	11	28,345	74.7

12.VO

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	6,775	6,848	6,848	6,848	6,848
2.	2010	95,478	101,291	101,375	101,375	101,375
3.	2011	XXX	85,268	90,164	90,215	90,215
4.	2012	XXX	XXX	86,057	90,697	90,750
5.	2013	XXX	XXX	XXX	81,173	85,043
6.	2014	XXX	XXX	XXX	XXX	68,103

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	6,899	6,850	6,848	6,848	6,848
2.	2010	102,731	101,342	101,379	101,375	101,375
3.	2011	XXX	90,918	90,221	90,216	90,216
4.	2012	XXX	XXX	91,417	90,743	90,752
5.	2013	XXX	XXX	XXX	85,915	85,094
6.	2014	XXX	XXX	XXX	XXX	71,940

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	142,939	101,375	964	1.0	102,339	71.6	0	0	102,339	71.6
2. 2011	135,502	90,215	858	1.0	91,073	67.2	0	0	91,073	67.2
3. 2012	136,449	90,750	863	1.0	91,613	67.1	3	0	91,616	67.1
4. 2013	131,028	85,043	809	1.0	85,852	65.5	51	0	85,903	65.6
5. 2014	113,519	68,103	648	1.0	68,751	60.6	3,837	33	72,621	64.0

12.GT

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	2,002,204	0	0	1,993,760	8,444	0	0	0	0
2. Additional policy reserves (a) .....	1,425,000	0	0	0	1,425,000	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	3,427,204	0	0	1,993,760	1,433,444	0	0	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	3,427,204	0	0	1,993,760	1,433,444	0	0	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....1,425,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building) .....	29,971	30,672	435,491	141	496,275
2. Salary, wages and other benefits .....	765,383	776,197	13,203,949	4,276	14,749,805
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	0	0	6,536,097	86	6,536,183
4. Legal fees and expenses .....	5,309	5,443	181,962	23	192,737
5. Certifications and accreditation fees .....	155	208	2,968	0	3,331
6. Auditing, actuarial and other consulting services .....	19,871	20,335	288,745	93	329,044
7. Traveling expenses .....	28,216	28,873	409,983	132	467,204
8. Marketing and advertising .....	98,095	100,367	1,425,119	461	1,624,042
9. Postage, express and telephone .....	79,897	81,751	1,160,779	376	1,322,803
10. Printing and office supplies .....	31,595	32,335	459,148	147	523,225
11. Occupancy, depreciation and amortization .....	4,826	4,951	70,312	22	80,111
12. Equipment .....	3,969	4,066	57,743	18	65,796
13. Cost or depreciation of EDP equipment and software .....	67,777	69,351	984,720	319	1,122,167
14. Outsourced services including EDP, claims, and other services .....	223,222	228,399	3,242,447	1,050	3,695,118
15. Boards, bureaus and association fees .....	1,643	1,687	23,964	7	27,301
16. Insurance, except on real estate .....	6,631	6,790	96,423	31	109,875
17. Collection and bank service charges .....	22,020	22,534	319,968	103	364,625
18. Group service and administration fees .....	3	4	78	0	85
19. Reimbursements by uninsured plans .....	0	0	(328,762)	0	(328,762)
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	21,502	22,003	312,438	101	356,044
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	193,354	0	193,354
23.2 State premium taxes .....	0	0	1,101,386	0	1,101,386
23.3 Regulatory authority licenses and fees .....	0	0	238,854	75	238,929
23.4 Payroll taxes .....	0	0	794,433	257	794,690
23.5 Other (excluding federal income and real estate taxes) .....	0	0	1,506,702	15	1,506,717
24. Investment expenses not included elsewhere .....	63,264	64,746	919,353	292	1,047,655
25. Aggregate write-ins for expenses .....	19,282	19,755	303,764	73	342,874
26. Total expenses incurred (Lines 1 to 25) .....	1,492,631	1,520,467	33,941,418	8,098	(a) 36,962,614
27. Less expenses unpaid December 31, current year .....	0	33,217	2,423,905	0	2,457,122
28. Add expenses unpaid December 31, prior year .....	0	40,156	3,307,718	0	3,347,874
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	159,244	0	159,244
30. Amounts receivable relating to uninsured plans, current year .....	0	0	15,562	0	15,562
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	1,492,631	1,527,406	34,681,549	8,098	37,709,684
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Administrative Expenses .....	19,282	19,755	303,764	73	342,874
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	19,282	19,755	303,764	73	342,874

(a) Includes management fees of \$ .....22,617,187 to affiliates and \$ .....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) .39	638
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 0	0
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 15,003	15,012
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	.51	.51
10. Total gross investment income	15,093	15,701
11. Investment expenses		(g) 7,751
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 347
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		8,098
17. Net investment income (Line 10 minus Line 16)		7,603
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Expenses	.51	.51
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	51	51
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....14 accrual of discount less \$ .....2,383 amortization of premium and less \$ .....1,510 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.
- (e) Includes \$ .....12,127 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.
- (g) Includes \$ .....7,751 investment expenses and \$ .....347 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
<b>NONE</b>					
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	422,546	526,271	103,725
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	1,479,941	2,119,374	639,433
24. Health care and other amounts receivable .....	1,403	1,403	0
25. Aggregate write-ins for other than invested assets .....	1,988,442	1,937,854	(50,588)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,892,332	4,584,902	692,570
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	3,892,332	4,584,902	692,570
<b>DETAILS OF WRITE-INS</b>			
1101. ....	0	0	0
1102. ....	0	0	0
1103. ....	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses .....	1,445,281	1,474,299	29,018
2502. Prepaid Commissions .....	535,161	455,555	(79,606)
2503. Deposits .....	8,000	8,000	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,988,442	1,937,854	(50,588)

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	0	0	0	0	0	0
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business .....	1,273,783	1,174,979	1,179,593	1,171,935	1,174,857	14,009,529
7. Total	1,273,783	1,174,979	1,179,593	1,171,935	1,174,857	14,009,529
<b>DETAILS OF WRITE-INS</b>						
0601. Dental .....	635,179	523,373	528,318	524,402	520,809	6,198,841
0602. Vision .....	638,604	651,606	651,275	647,533	654,048	7,810,688
0603. ....	0	0	0	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	1,273,783	1,174,979	1,179,593	1,171,935	1,174,857	14,009,529

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. The Company, per the mandate of the Commissioner of Insurance of the State of Florida, does not admit receivables from parent, subsidiaries, and affiliates, which is not in accordance with the NAIC SAP. The Company's risk-based capital would have not triggered a regulatory event had it not used a prescribed or permitted practice.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Florida is shown below:

	State of Domicile		2014		2013
Net Income					
1. CompBenefits Company Florida basis	FL	\$	3,801,109	\$	8,160,740
2. State Prescribed Practices that increase/(decrease) NAIC SAP	FL		-		-
3. State Permitted Practices that increase/(decrease) NAIC SAP	FL		-		-
4. NAIC SAP	FL	\$	<u>3,801,109</u>	\$	<u>8,160,740</u>
Surplus					
5. CompBenefits Company Florida basis	FL	\$	25,728,562	\$	22,516,013
6. State Prescribed Practices that increase/(decrease) NAIC SAP					
a. Intercompany receivables	FL		1,479,941		2,119,374
7. State Permitted Practices that increase/(decrease) NAIC SAP	FL		-		-
8. NAIC SAP	FL	\$	<u>27,208,503</u>	\$	<u>24,635,387</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

#### C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

## NOTES TO THE FINANCIAL STATEMENTS

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

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

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

- (13) Not Applicable.
- (14) Not Applicable.
- (15) Not Applicable.

### 2. Accounting Changes and Corrections of Errors

In 2014, the Company determined that certain expenses for the Primary Plus Vision product were reported on another Humana entity in prior years. This resulted in a \$429,318 misstatement of other professional services for the Company in 2013. The impact of the error was offset by a tax effect of \$156,345 resulting in a net impact to surplus of (\$272,973) at December 31, 2013. Consistent with SSAP No. 3, Accounting Changes and Corrections of Errors (SSAP 3), the net impact of the error was recorded as an adjustment to surplus on line 47 of the statement of revenue and expenses capital and surplus account rollforward, with an offsetting adjustment to receivables from parent, subsidiaries and affiliates and current federal and foreign income tax payable.

In 2013, the Company determined that a portion of premiums and claims expenses associated with the Company's membership was not recorded in 2012. This resulted in a \$36,321 and \$1,182,409 misstatement of net premium income and other professional services, respectively for the Company in 2012. The impact of the error was offset by a tax effect of \$418,116 resulting in a net impact to surplus of \$727,972 at December 31, 2012. Consistent with SSAP No. 3, Accounting Changes and Corrections of Errors (SSAP 3), the net impact of the error was recorded as an adjustment to surplus on line 47 of the statement of revenue and expenses capital and surplus account rollforward, with an offsetting adjustment to receivables from parent, subsidiaries and affiliates that was then non-admitted and current federal and foreign income tax payable.

### 3. Business Combinations and Goodwill

#### A. Statutory Purchase Method

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

- B. Statutory Merger  
Not Applicable.
- C. Assumption Reinsurance  
Not Applicable.
- D. Impairment Loss  
Not Applicable.
- 4. Discontinued Operations  
Not Applicable.
- 5. Investments
  - A. Mortgage Loans, Including Mezzanine Real Estate Loans  
Not Applicable.
  - B. Debt Restructuring  
Not Applicable.
  - C. Reverse Mortgages  
Not Applicable.
  - D. Loan-Backed Securities
    - (1) Not Applicable.
    - (2) Not Applicable.
    - (3) Not Applicable.
    - (4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2014.  
  
The Company did not have any temporarily impaired securities in a continuous unrealized loss position as of December 31, 2014.
    - (5) Not Applicable.
  - E. Repurchase Agreements and/or Securities Lending Transactions
    - (1) The Company has no repurchase agreements or securities lending transactions.
    - (2) The Company has not pledged any of its assets as collateral.
    - (3-7) Not Applicable.
  - F. Real Estate  
Not Applicable.
  - G. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

### H. Restricted Assets

#### (1) Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	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 to sale – excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	99,082	94,986	(4,096)	99,082	0.23%	0.26%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 99,082</b>	<b>\$ 94,986</b>	<b>\$ (4,096)</b>	<b>\$ 99,082</b>	<b>0.23%</b>	<b>0.26%</b>

#### (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

#### (3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

### I. Working Capital Finance Investments

Not Applicable.

### J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

### K. Structured Notes

Not Applicable.

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

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

## 7. Investment Income

A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

## 8. Derivative Instruments

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

### 9. Income Taxes

#### A. Deferred Tax Assets/(Liabilities)

(1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

	December 31, 2014		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 1,387,750	\$ -	\$ 1,387,750
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	1,387,750	-	1,387,750
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	1,387,750	-	1,387,750
f. Deferred tax liabilities	(5,359)	-	(5,359)
g. Net admitted deferred tax asset/(liability)	<u>\$ 1,382,391</u>	<u>\$ -</u>	<u>\$ 1,382,391</u>

	December 31, 2013		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 1,420,835	\$ -	\$ 1,420,835
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	1,420,835	-	1,420,835
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	1,420,835	-	1,420,835
f. Deferred tax liabilities	(5,577)	-	(5,577)
g. Net admitted deferred tax asset/(liability)	<u>\$ 1,415,258</u>	<u>\$ -</u>	<u>\$ 1,415,258</u>

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (33,085)	\$ -	\$ (33,085)
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	(33,085)	-	(33,085)
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	(33,085)	-	(33,085)
f. Deferred tax liabilities	218	-	218
g. Net admitted deferred tax asset/(liability)	<u>\$ (32,867)</u>	<u>\$ -</u>	<u>\$ (32,867)</u>

(2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

	December 31, 2014		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,379,102	\$ -	\$ 1,379,102
b. Adjusted gross deferred tax assets expected to be realized after	8,648	-	8,648
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	8,648
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,076,147
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 1,387,750</u>	<u>\$ -</u>	<u>\$ 1,387,750</u>

	December 31, 2013		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,397,766	\$ -	\$ 1,397,766
b. Adjusted gross deferred tax assets expected to be realized after	23,057	-	23,057
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	23,057
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	3,329,198
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	12	-	12
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 1,420,835</u>	<u>\$ -</u>	<u>\$ 1,420,835</u>

## NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (18,664)	\$ -	\$ (18,664)
b. Adjusted gross deferred tax assets expected to be realized after	(14,409)	-	(14,409)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(14,409)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	746,949
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(12)	-	(12)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ (33,085)	\$ -	\$ (33,085)

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

	December 31, 2014	December 31, 2013
a. Ratio percentage used to determine recovery period and threshold limitation amount	917%	661%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	24,346,171	21,100,755

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

	December 31, 2014	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 1,387,750	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,387,750	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
	December 31, 2013	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 1,420,835	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,420,835	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
	Change	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ (33,085)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (33,085)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
b. Does the Company's tax planning strategies include the use of reinsurance? Yes [    ] No [ X ]		

B. There are no temporary differences for which a DTL has not been established.

## NOTES TO THE FINANCIAL STATEMENTS

### C. Current and deferred income taxes

(1) Current income taxes incurred consist of the following major components:

	December 31, 2014	December 31, 2013	Change
a. Federal	\$ 3,010,726	\$ 2,248,571	\$ 762,155
b. Foreign	-	-	-
c. Subtotal	3,010,726	2,248,571	762,155
d. Federal income tax on net capital gains	-	-	-
e. Utilization of capital loss carryforwards	-	-	-
f. Other	154,337	(415,767)	570,104
g. Federal and foreign income taxes incurred	<u>\$ 3,165,063</u>	<u>\$ 1,832,804</u>	<u>\$ 1,332,259</u>

(2–3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

	December 31, 2014	December 31, 2013	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 630,062	\$ 460,091	\$ 169,971
2. Unearned premium reserve	120,419	75,763	44,656
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	17	(17)
8. Compensation and benefit accruals	115,908	139,878	(23,970)
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	517,979	741,781	(223,802)
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	582	505	77
15. Accrued litigation	-	-	-
16. Risk corridor	-	-	-
17. Medicare risk adjustment data	-	-	-
18. Miscellaneous reserves	2,800	2,800	-
19. Accrued lease	-	-	-
20. Section 197 intangible	-	-	-
21. Reinsurance fee	-	-	-
99. Subtotal	1,387,750	1,420,835	(33,085)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	-	-	-
d. Admitted Ordinary DTAs	<u>1,387,750</u>	<u>1,420,835</u>	<u>(33,085)</u>
e. Capital			
1. Investments	-	-	-
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	-	-	-
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	<u>-</u>	<u>-</u>	<u>-</u>
i. Admitted DTAs	<u>\$ 1,387,750</u>	<u>\$ 1,420,835</u>	<u>\$ (33,085)</u>

## NOTES TO THE FINANCIAL STATEMENTS

DTLs resulting from Book/Tax Differences in:

	December 31, 2014	December 31, 2013	Change
a. Ordinary			
1. Investments	\$ -	\$ -	-
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(5,359)	(5,577)	218
99. Subtotal	(5,359)	(5,577)	218
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (5,359)	\$ (5,577)	\$ 218
(4) Net deferred tax asset/(liability)	\$ 1,382,391	\$ 1,415,258	\$ (32,867)

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2014 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 6,966,171	\$ 2,438,161	35.00%
Tax-exempt interest	-	-	0.00%
Dividends received deduction	-	-	0.00%
Proration	-	-	0.00%
Meals & entertainment, lobbying expenses, etc.	23,186	8,115	0.12%
Statutory valuation allowance adjustment	-	-	0.00%
ACA fee	1,454,961	509,236	7.31%
Change to nonadmits & deferred tax true-up	692,619	242,417	3.48%
Other, including prior year true-up	5	1	0.00%
Total	\$ 9,136,942	\$ 3,197,930	45.91%
Federal income taxes incurred [expense/(benefit)]		\$ 3,165,063	45.43%
Tax on capital gains/(losses)		-	0.00%
Change in net deferred income tax [charge/(benefit)]		32,867	(0.47%)
Total statutory income taxes		\$ 3,197,930	45.91%

- E. Operating loss and tax credit carry-forwards and protective tax deposits

- (1) At December 31, 2014, the Company had no net operating loss carry-forwards.

At December 31, 2014, the Company had no capital loss carry-forwards.

At December 31, 2014, the Company had no AMT credit carry-forwards.

- (2) The following table demonstrates the income tax expense for 2012, 2013 and 2014 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2012	\$ -	\$ -	-
2013	2,255,921	-	2,255,921
2014	3,010,726	-	3,010,726
Total	\$ 5,266,647	\$ -	\$ 5,266,647

- (3) There are no deposits admitted under IRC § 6603.

- F. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the realizability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

## NOTES TO THE FINANCIAL STATEMENTS

### HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2014 CONSOLIDATED FEDERAL INCOME TAX RETURN

#### CALENDAR YEAR ENDED DECEMBER 31, 2014 AFFILIATIONS SCHEDULE

CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER  
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMBULATORY CARE SOLUTIONS OF ARKANSAS, LLC	27-0200477
6	AMBULATORY CARE SOLUTIONS OF OHIO, LLC	26-4179617
7	AMBULATORY CARE SOLUTIONS, LLC	37-1485812
8	AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC.	56-1796975
9	AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.	58-2302163
10	AMERICAN ELDERCARE, INC.	65-0380198
11	ARCADIAN CHOICE, INC.	27-3387971
12	ARCADIAN HEALTH PLAN, INC.	20-1001348
13	ARCADIAN MANAGEMENT SRVICES, INC.	86-0836599
14	CAC MEDICAL CENTERs HOLDINGS, INC.	30-0117876
15	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
16	CARENENETWORK, INC.	39-1514846
17	CAREPLUS HEALTH PLANS, INC.	59-2598550
18	CARITEN HEALTH PLAN, INC.	62-1579044
19	CARITEN INSURANCE COMPANY	62-0729865
20	CERTIFY DATA SYSTEMS, INC.	80-0072760
21	CHA HMO, INC.	61-1279717
22	CHA SERVICE COMPANY, INC.	61-1279716
23	COMPBENEFITS COMPANY	59-2531815
24	COMPBENEFITS CORPORATION	04-3185995
25	COMPBENEFITS DENTAL, INC.	36-3686002
26	COMPBENEFITS DIRECT, INC.	58-2228851
27	COMPBENEFITS INSURANCE COMPANY	74-2552026
28	COMPBENEFITS OF ALABAMA, INC.	63-1063101
29	COMPBENEFITS OF GEORGIA, INC.	58-2198538
30	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
31	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
32	CONCENTRA HEALTH SERVICES, INC.	75-2510547
33	CONCENTRA INC.	26-4823524
34	CONCENTRA INTEGRATED SERVICES, INC.	04-2658593
35	CONCENTRA OPERATING CORPORATION	04-3363415
36	CONCENTRA SOLUTIONS, INC.	75-2678146
37	CONTINUCARE CORPORATION	59-2716023
38	CONTINUCARE MSO, INC.	65-0780986
39	CONTINUCARE MANAGED CARE, INC.	65-0796178
40	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
41	CORPHEALTH PROVIDER LINK, INC.	20-8236655
42	CORPHEALTH, INC.	75-2043865
43	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
44	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
45	DENTICARE, INC.	76-0039628
46	ELDER HEALTH CARE OF VOLUSIA, INC.	59-3657970
47	EMPHEYSYS INSURANCE COMPANY	31-0935772
48	EMPHEYSYS, INC.	61-1237697
49	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
50	HARTE PLACEMENTS, INC.	11-2795529
51	HEALTH VALUE MANAGEMENT, INC.	61-1223418
52	HOMECARE HEALTH SOLUTIONS, INC.	45-3116348
53	HRI HUMANA OF CALIFORNIA, INC.	46-4912173
54	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
55	HUMANA ADVANTAGECARE PLAN, INC.	65-1137990

## NOTES TO THE FINANCIAL STATEMENTS

56	HUMANA AT HOME (MA), INC. (fka SeniorBridge Family Companies (MA), Inc.	04-3580066
57	HUMANA AT HOME 1, INC. (fka Humanacares, Inc.)	65-0274594
58	HUMANA AT HOME, INC. (fka SeniorBridge Family Companies, Inc.)	13-4036798
59	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
60	HUMANA DENTAL COMPANY	59-1843760
61	HUMANA DENTAL CONCERN, LTD (fka The Dental Concern, LTD)	36-3654697
62	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
63	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
64	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
65	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
66	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
67	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
68	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
69	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
70	HUMANA HEALTH PLAN, INC.	61-1013183
71	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
72	HUMANA INSURANCE COMPANY	39-1263473
73	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
74	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
75	HUMANA MARKETPOINT, INC.	61-1343508
76	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
77	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
78	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
79	HUMANA MEDICAL PLAN, INC.	61-1103898
80	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
81	HUMANA PHARMACY, INC.	61-1316926
82	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
83	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
84	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO.	39-1525003
85	HUMANADENTAL INSURANCE COMPANY	39-0714280
86	HUMANADENTAL, INC.	61-1364005
87	HUMCO, INC.	61-1239538
88	HUM-e-FL, INC.	61-1383567
89	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
90	INTELI HOME HEALTHCARE, INC.	76-0537878
91	KANAWHA HEALTHCARE SOLUTIONS, INC.	62-1245230
92	KANAWHA INSURANCE COMPANY	57-0380426
93	KMG AMERICA CORPORATION	20-1377270
94	MANAGED CARE INDEMNITY, INC.	61-1232669
95	MD CARE, INC.	20-1981339
96	METCARE OF FLORIDA, INC.	65-0879131
97	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
98	NATIONAL HEALTHCARE RESOURCES, INC.	11-3273542
99	OMP INSURANCE COMPANY, LTD.	98-0445802
100	PHP COMPANIES, INC.	62-1552091
101	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
102	PRESERVATION ON MAIN, INC.	20-1724127
103	PRIMARY CARE HOLDINGS, INC. (fka Agile Technology Solutions, Inc.)	46-1225873
104	REACHOUT HOMECARE, INC.	75-2739333
105	ROHC, LLC	75-2844854
106	SENIORBRIDGE (NC), INC.	56-2593719
107	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
108	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
109	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
110	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
111	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
112	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
113	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
114	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
115	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
116	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
117	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
118	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
119	SENIORBRIDGE FAMILY COMPANIES (TX), INC.	01-0766084
120	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
121	SEREDOR CORPORATION	27-0338595
122	ST MARY'S MEDICAL PARK PHARMACY, INC.	86-0597187
123	SYMPHONY HEALTH PARTNERS, INC.	45-5032192
124	TEXAS DENTAL PLANS, INC.	74-2352809

## NOTES TO THE FINANCIAL STATEMENTS

125	THE DENTAL CONCERN, INC.	52-1157181
126	TLC PLUS OF TEXAS, INC.	75-2600512
127	VALOR HEALTHCARE, INC.	20-3585174

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

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2014 and 2013 were \$22,617,187 and \$26,122,322 respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana Inc. is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

Dividends of \$1,000,000 were paid to Humana Inc. on May 8, 2014. The Florida Office of Insurance Regulation was notified prior to the payment of this dividend.

At December 31, 2014, the Company reported \$1,479,941 due from Humana Inc. Amounts due from parent are generally settled within 30 days.

- G. All outstanding shares of the Company are owned by the Parent Company.
- H. Not Applicable.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L. Not Applicable.

### 11. Debt

#### A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

#### B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

#### A.-D. Defined Benefit Plans

Not Applicable.

#### E. Defined Contribution Plans

Not Applicable.

#### F. Multiemployer Plans

Not Applicable.

#### G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$174,594,222 and \$149,022,462 for the years ended December 31, 2014 and 2013, respectively. Of these contributions, the Company contributed \$253,330 and \$324,472 during 2014 and 2013, respectively. As of December 31, 2014 and 2013, the fair market value of the Humana Retirement Savings Plan's assets was \$3,203,247,287 and \$2,779,832,745, respectively.

#### H. Postemployment Benefits and Compensated Absences

Not Applicable.

#### I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

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

- (1) The Company has \$1 par value common stock with 7,500 shares authorized and 7,500 shares issued and 7,500 outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Florida Office of Insurance Regulation if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or 10 percent of policyholders surplus funds derived from realized net operating profits.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

Dividends of \$1,000,000 were paid to Humana Inc. on May 8, 2014, of which none was deemed extraordinary.

- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2015.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

### 14. Liabilities, Contingencies and Assessments

#### A. Contingent Commitments

Not Applicable.

#### B. Assessments

Not Applicable.

#### C. Gain Contingencies

Not Applicable.

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

Not Applicable.

#### E. Joint and Several Liabilities

Not Applicable.

#### F. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of December 31, 2014.

### 15. Leases

Not Applicable.

### 16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off- Balance Sheet Risk or Concentrations of Credit Risk.

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

#### A. Transfers of Receivables Reported as Sales

Not Applicable.

#### B. Transfer and Servicing of Financial Assets

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

C. Wash Sales

Not Applicable.

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the year ended December 31, 2014:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans		Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 279,677	\$ -	\$	279,677
b. Total net other income or expenses (including interest paid to or received from plans)	\$ (4,714)	\$ -	\$	(4,714)
c. Net gain or (loss) from operations	\$ 274,963	\$ -	\$	274,963
d. Total claim payment volume	1,156,933	-		1,156,933

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) Not Applicable.

(2) As of December 31, 2014, the Company has recorded a receivable from ASO customers of \$13,107. The Company has recorded receivables from the following payors whose account balance are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

FL Comm Coll of Jax	\$ 12,789
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(3) Not Applicable.

(4) Not Applicable.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at December 31, 2014.

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2013 and December 31, 2014.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2013 and December 31, 2014.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2014.

(5) Derivative Fair Values

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

### B. Other Fair Value Disclosures

Not Applicable.

### C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

### D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

## 21. Other Items

### A. Extraordinary Items

Not Applicable.

### B. Troubled Debt Restructuring: Debtors

Not Applicable.

### C. Other Disclosures and Unusual Items

Not Applicable.

### D. Business Interruption Insurance Recoveries

Not Applicable.

### E. State Transferable and Non-transferable Tax Credits

Not Applicable.

### F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

### G. Retained Assets

Not Applicable.

## 22. Events Subsequent

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$2,252,698. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 8.76%. Reporting the ACA assessment as of December 31, 2014 would not have triggered an RBC action level. The Company expects to offset the impact of the health insurance industry fee on its results of operations in 2015 through pretax income improvement; however, there can be no assurance that it will be able to do so.

## NOTES TO THE FINANCIAL STATEMENTS

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 20, 2015 for the Statutory Statement issued on February 20, 2015.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 2,252,698	\$ 1,488,558
B. ACA fee assessment paid	\$ 1,454,961	-
C. Premiums written subject to ACA 9010 assessment	\$ 109,544,217	\$ 131,056,250
D. Total Adjusted Capital before surplus adjustment	\$ 25,728,562	
E. Authorized Control Level before surplus adjustment	\$ 2,655,737	
F. Total Adjusted Capital after surplus adjustment	\$ 23,475,864	
G. Authorized Control Level after surplus adjustment	\$ 2,655,737	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (YES/NO)		No

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

##### Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

##### Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

#### B. Uncollectible Reinsurance

Not Applicable.

#### C. Commutation of Ceded Reinsurance

Not Applicable.

#### D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$4,834,188. As of December 31, 2014, \$3,959,433 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$54,568 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$820,187 favorable prior-year development since December 31, 2013. 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. The company has no retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Not Applicable.

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

- |   |                   |
|---|-------------------|
| 1. Liability carried for premium deficiency reserves              | \$ 1,425,000      |
| 2. Date of the most recent evaluation of this liability           | December 31, 2014 |
| 3. Was anticipated investment income utilized in the calculation? | Yes ( ) No ( X )  |

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.10%.

31. Anticipated Salvage and Subrogation

Not Applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Florida
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2010
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2010
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 12/31/2010
- 3.4 By what department or departments?  
Florida Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
N/A .....
- 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
N/A .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
N/A .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
N/A .....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Jonathan Albert Canine, Vice President and Appointed Actuary, 500 West Main Street, Louisville, KY 40202 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value .....\$ .....0
- 12.2 If, yes provide explanation:  
.....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
Not Applicable. ....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Revised based on general policy and regulatory changes .....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### BOARD OF DIRECTORS

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

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |    |   |
|---|----|---|
| 20.11 To directors or other officers              | \$ | 0 |
| 20.12 To stockholders not officers                | \$ | 0 |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |    |   |
|---|----|---|
| 20.21 To directors or other officers              | \$ | 0 |
| 20.22 To stockholders not officers                | \$ | 0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- |                            |    |   |
|----------------------------|----|---|
| 21.21 Rented from others   | \$ | 0 |
| 21.22 Borrowed from others | \$ | 0 |
| 21.23 Leased from others   | \$ | 0 |
| 21.24 Other                | \$ | 0 |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- |  |    |       |
|--|----|-------|
| 22.21 Amount paid as losses or risk adjustment | \$ | 0     |
| 22.22 Amount paid as expenses                  | \$ | 8,036 |
| 22.23 Other amounts paid                       | \$ | 0     |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 1,479,941

### INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto  
N/A
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
N/A
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company**  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
24.103 Total payable for securities lending reported on the liability page .....	\$ .....	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes  No

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

25.21 Subject to repurchase agreements .....	\$ .....	0
25.22 Subject to reverse repurchase agreements .....	\$ .....	0
25.23 Subject to dollar repurchase agreements .....	\$ .....	0
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....	0
25.25 Placed under option agreements .....	\$ .....	0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....	0
25.27 FHLB Capital Stock .....	\$ .....	0
25.28 On deposit with states .....	\$ .....	99,082
25.29 On deposit with other regulatory bodies .....	\$ .....	0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....	0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....	0
25.32 Other .....	\$ .....	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?..... Yes  No

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

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

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

28. 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

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase .....	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh .....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes  No

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**GENERAL INTERROGATORIES**

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

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		0	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	33,199,184	33,199,177	(7)
30.2 Preferred stocks	0	0	0
30.3 Totals	33,199,184	33,199,177	(7)

- 30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of actively traded debt and equity securities are based on quoted market prices. Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ X ]

- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 Fair value of actively traded debt and equity securities are based on quoted market prices. Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

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

- 32.2 If no, list exceptions:  
 None

**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....2,691

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
HOWARD J. BRAVERMAN .....	1,569
MARCY J. COHEN .....	1,122

34.1 Amount of payments for legal expenses, if any? .....\$ .....104,658

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
PENNINGTON P. A. ....	102,585
YOUNG BERMAN & KARPFF & GONZALEZ, PA .....	2,073

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]  
 1.2 If yes, indicate premium earned on U.S. business only. .... \$ 0  
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ 0  
 1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$ 0  
 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ 0

1.6 Individual policies: Most current three years:  
 1.61 Total premium earned ..... \$ 0  
 1.62 Total incurred claims ..... \$ 0  
 1.63 Number of covered lives ..... 0  
 All years prior to most current three years:  
 1.64 Total premium earned ..... \$ 0  
 1.65 Total incurred claims ..... \$ 0  
 1.66 Number of covered lives ..... 0

1.7 Group policies: Most current three years:  
 1.71 Total premium earned ..... \$ 0  
 1.72 Total incurred claims ..... \$ 0  
 1.73 Number of covered lives ..... 0  
 All years prior to most current three years:  
 1.74 Total premium earned ..... \$ 0  
 1.75 Total incurred claims ..... \$ 0  
 1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	113,519,331	131,028,152
2.2 Premium Denominator .....	113,519,331	131,028,152
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	7,318,381	7,759,073
2.5 Reserve Denominator .....	7,318,381	7,759,073
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ X ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ ] No [ X ]

5.2 If no, explain:

HMO stop-loss is not required for Dental Companies

5.3 Maximum retained risk (see instructions)  
 5.31 Comprehensive Medical ..... \$ 0  
 5.32 Medical Only ..... \$ 0  
 5.33 Medicare Supplement ..... \$ 0  
 5.34 Dental & Vision ..... \$ 0  
 5.35 Other Limited Benefit Plan ..... \$ 0  
 5.36 Other ..... \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
 Provider contracts include hold harmless and continuation of benefits provisions. PPLHSO has an indemnity agreement with the parent company. ....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:  
 8.1 Number of providers at start of reporting year ..... 30,885  
 8.2 Number of providers at end of reporting year ..... 27,079

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ X ] No [ ]

9.2 If yes, direct premium earned:  
 9.21 Business with rate guarantees between 15-36 months. .... \$ 18,749,220  
 9.22 Business with rate guarantees over 36 months ..... \$ 0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**GENERAL INTERROGATORIES**

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$ .....0
- 10.22 Amount actually paid for year bonuses.....\$ .....0
- 10.23 Maximum amount payable withholds.....\$ .....0
- 10.24 Amount actually paid for year withholds.....\$ .....0

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, .. Yes [ ] No [ X ]
- 11.14 A Mixed Model (combination of above)? ..... Yes [ ] No [ X ]

- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? ..... Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such net worth. .... Florida 641.225 & 636.045
- 11.4 If yes, show the amount required. ....\$ ..... 2,270,387
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
See RBC calculation or state regulation.

12. List service areas in which reporting entity is licensed to operate:
- |                           |
|---------------------------|
| 1<br>Name of Service Area |
|                           |

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....\$ .....0
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. ....\$ .....0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ X ] N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written .....\$ .....0
- 15.2 Total Incurred Claims .....\$ .....0
- 15.3 Number of Covered Lives .....0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

**FIVE-YEAR HISTORICAL DATA**

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	37,990,478	35,875,472	30,882,737	21,395,615	30,638,355
2. Total liabilities (Page 3, Line 24) .....	12,261,916	13,359,459	16,971,366	12,109,173	13,867,965
3. Statutory surplus .....	2,270,387	2,620,563	2,728,981	2,712,108	2,858,770
4. Total capital and surplus (Page 3, Line 33) .....	25,728,562	22,516,013	13,911,371	9,286,442	16,770,390
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	113,593,701	131,207,168	136,671,735	135,605,409	143,307,564
6. Total medical and hospital expenses (Line 18) .....	71,127,699	85,232,370	90,755,077	89,481,000	101,643,304
7. Claims adjustment expenses (Line 20) .....	3,013,098	3,935,152	3,986,576	3,497,565	3,543,112
8. Total administrative expenses (Line 21) .....	33,941,418	38,862,209	44,415,324	48,736,569	32,858,507
9. Net underwriting gain (loss) (Line 24) .....	4,978,486	7,805,437	(8,005,242)	(6,109,725)	5,262,641
10. Net investment gain (loss) (Line 27) .....	7,603	9,180	7,828	30,398	30,791
11. Total other income (Lines 28 plus 29) .....	1,980,083	2,178,927	1,834,605	2,393,486	3,371,704
12. Net income or (loss) (Line 32) .....	3,801,109	8,160,740	(5,488,845)	(2,467,003)	3,649,037
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	4,900,052	5,690,453	1,738,124	(5,371,844)	5,598,055
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	25,728,562	22,516,013	13,911,371	9,286,442	16,770,390
15. Authorized control level risk-based capital .....	2,655,737	3,191,757	3,261,220	3,539,903	3,006,186
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	1,174,857	1,273,783	1,880,699	1,961,772	1,951,980
17. Total members months (Column 6, Line 7) .....	14,009,529	21,062,475	22,916,581	23,331,976	25,780,260
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	62.6	65.0	66.4	66.0	70.9
20. Cost containment expenses .....	1.3	1.7	1.5	0.9	0.8
21. Other claims adjustment expenses .....	1.3	1.3	1.5	1.7	1.7
22. Total underwriting deductions (Line 23) .....	95.6	94.1	105.9	104.5	96.3
23. Total underwriting gain (loss) (Line 24) .....	4.4	5.9	(5.9)	(4.5)	3.7
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	3,977,724	4,738,989	5,041,567	5,939,975	6,898,355
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	4,790,499	5,422,018	5,703,875	7,377,110	7,986,035
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: .....

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	L	109,544,217	0	0	0	0	0	109,544,217	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	109,544,217	0	0	0	0	0	109,544,217	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 1	109,544,217	0	0	0	0	0	109,544,217	0	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.

Explanation of basis of allocation by states, premiums by state, etc.

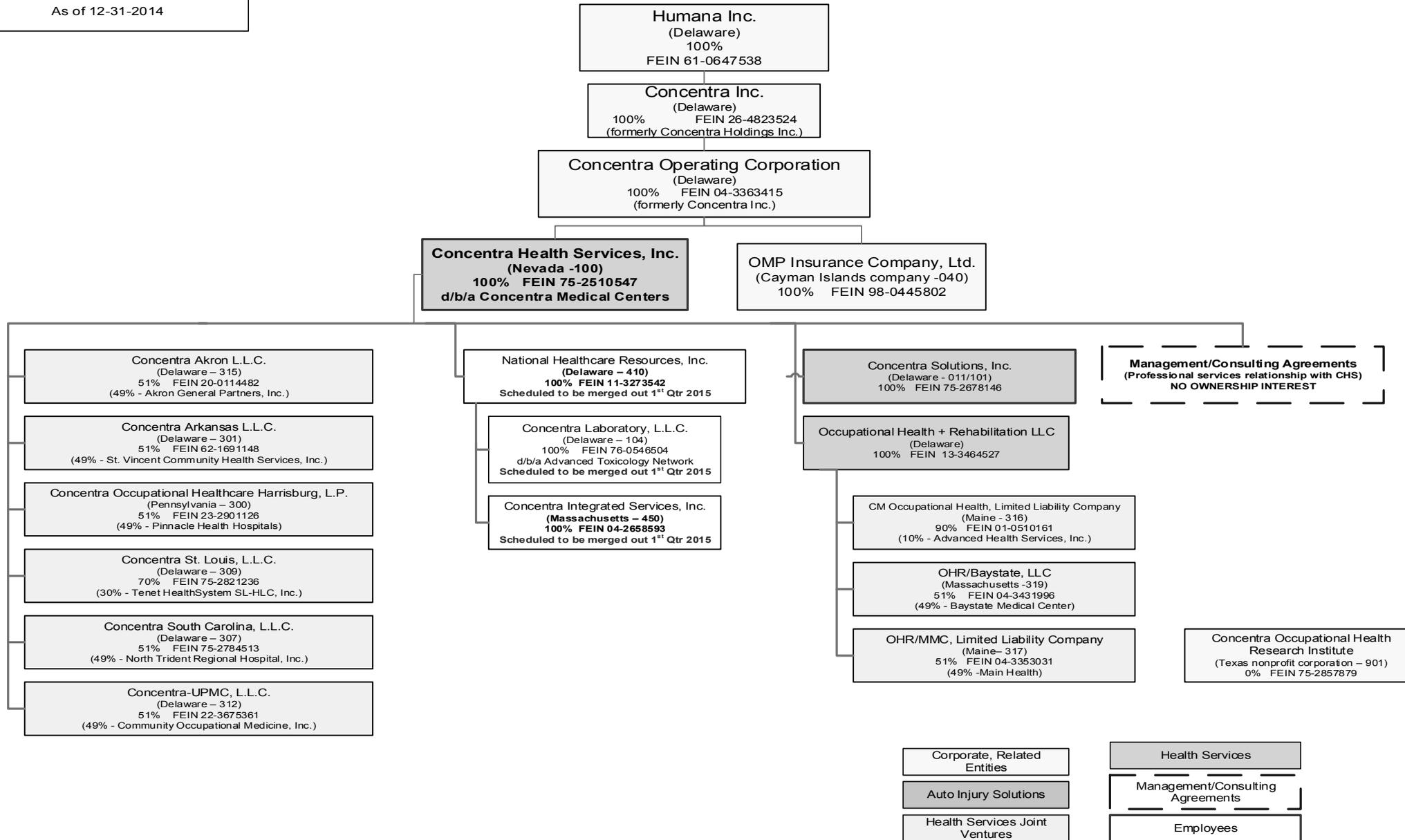
The company allocates group premiums to the situs of the contract and individual premiums based on residence.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

As of 12-31-2014



40.1

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

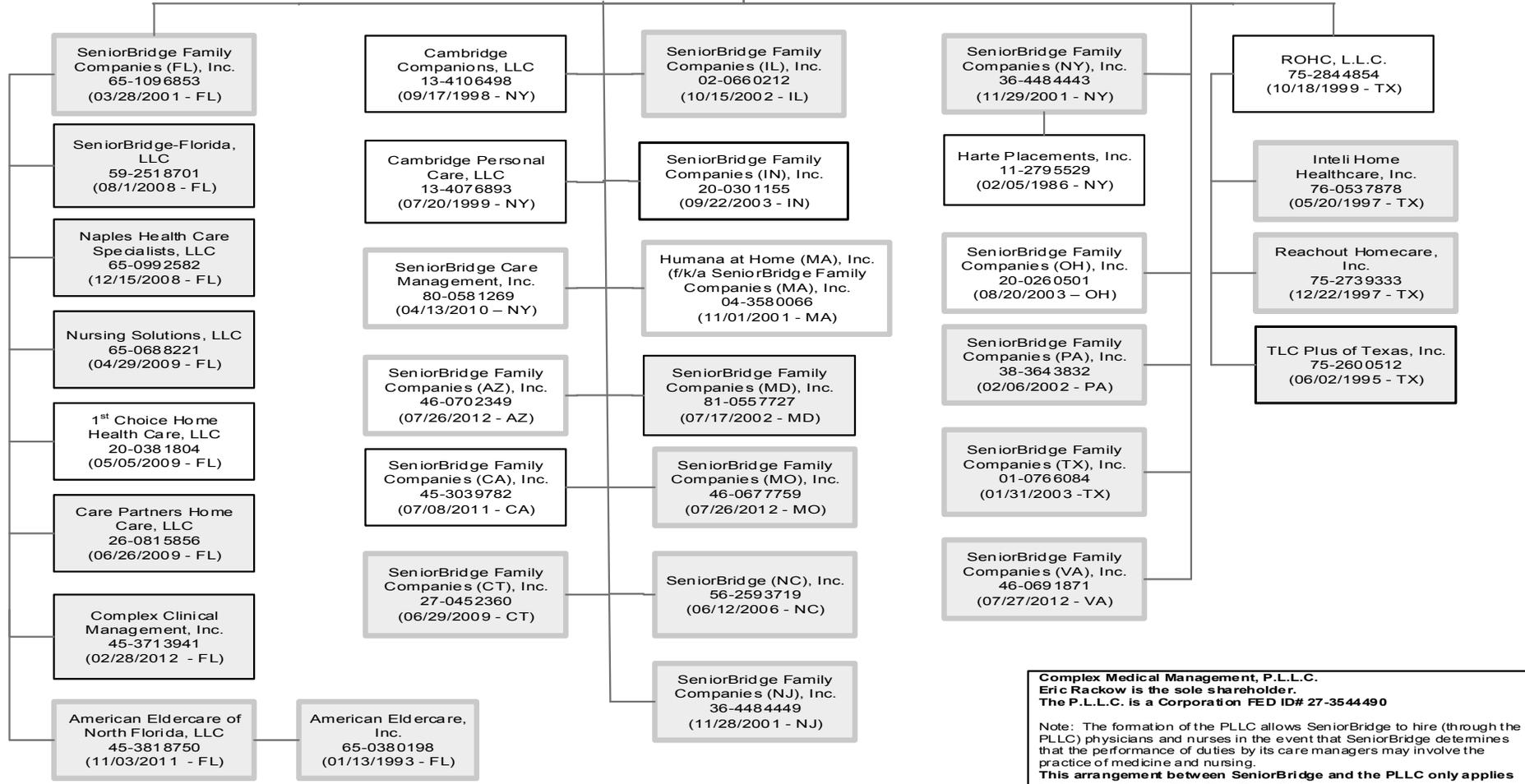
Companies with Employees

Licensed Companies

**Humana Inc.**  
(Delaware)  
61-0647538

As of 12/31/2014

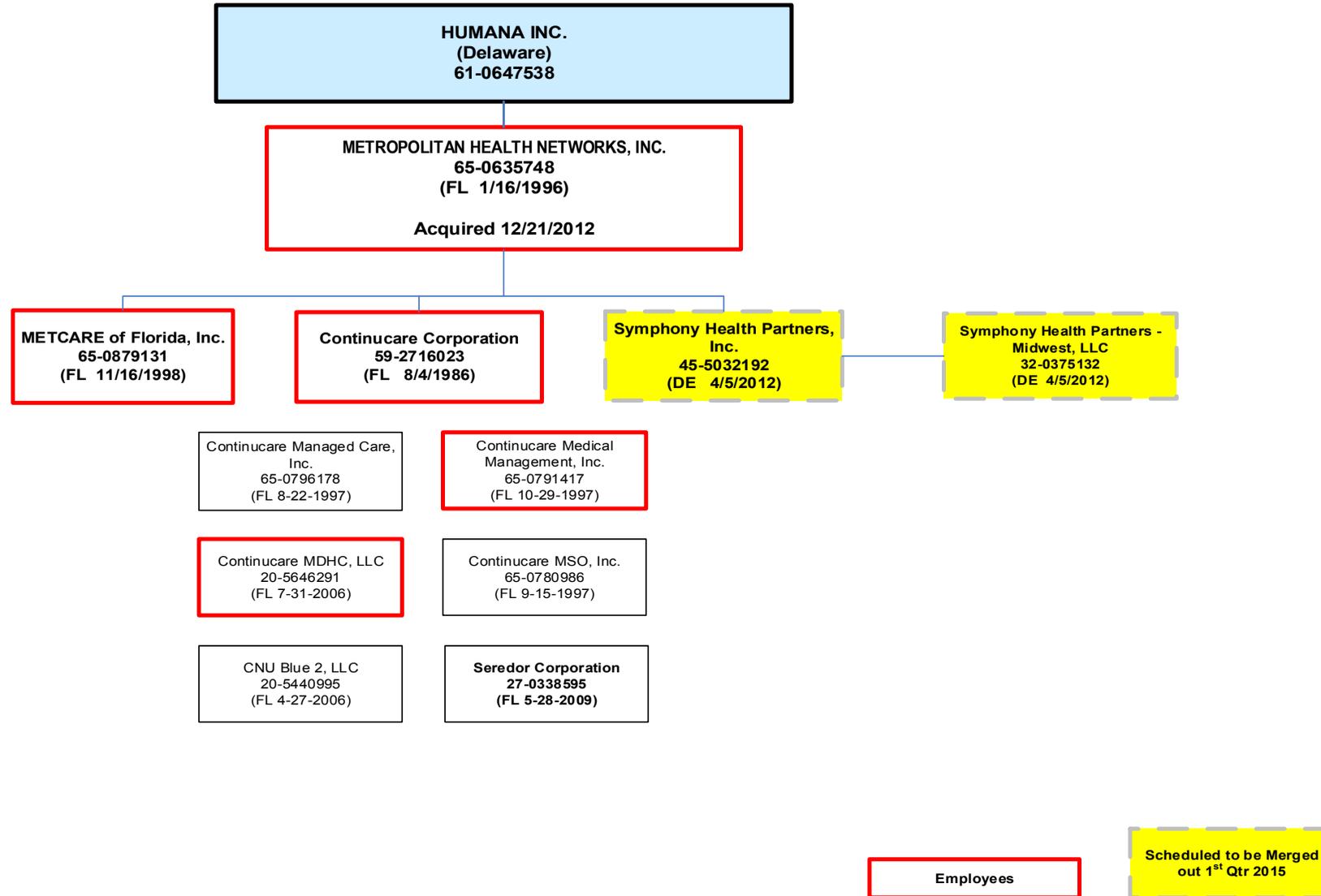
Humana at Home, Inc.  
(f/k/a SeniorBridge Family Companies, Inc.)  
13-4036798 (01/21/2000 - DE)  
Acq. 07/06/2012



40.2

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CompBenefits Company

As of 12-31-2014



**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. ....	0	0	0
2505. ....	0	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0

**NONE**

## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14