



**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

**NONE**

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 – Gross Health Care Receivables.....						

**NONE**

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....						
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....						

**NONE**

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	9,563		130	72	1,446	11,211
0499999 - Subtotals.....	9,563		130	72	1,446	11,211
0599999 - Unreported claims and other claim reserves.....						331,717
0799999 - Total claims unpaid.....						342,928
0899999 - Accrued medical incentive pool and bonus amounts.....						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Commonweath Care Alliance, Inc.....	1,000,000					1,000,000	
0199999 – Individually listed receivables.....	1,000,000					1,000,000	
0399999 – Total gross amounts receivable.....	1,000,000					1,000,000	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables				

**NONE**

**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	424,184	100.000	XXX	XXX		424,184
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	424,184	100.000	XXX	XXX		424,184
13. Total (Line 4 plus Line 12).....	424,184	100.000 %	XXX	XXX		424,184

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**



**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Commonwealth Care Alliance Rhode Island, LLC

2. Boston, MA  
(LOCATION)

NAIC Group Code: 4999

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2022

NAIC Company Code: 16984

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....														
2. First Quarter .....	46							46						
3. Second Quarter .....	52							52						
4. Third Quarter .....	72							72						
5. Current Year .....	75							75						
6. Current Year Member Months .....	808							808						
Total Member Ambulatory Encounters for Year:														
7. Physician .....	464							464						
8. Non-Physician .....	328							328						
9. Total .....	792							792						
10. Hospital Patient Days Incurred .....	127							127						
11. Number of Inpatient Admissions .....	18							18						
12. Health Premiums Written (b) .....	733,561							733,561						
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	733,561							733,561						
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	424,184							424,184						
18. Amount Incurred for Provision of Health Care Services .....	735,095							735,095						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Commonwealth Care Alliance Rhode Island, LLC

2. Boston, MA  
(LOCATION)

NAIC Group Code: 4999

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

NAIC Company Code: 16984

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....														
2. First Quarter.....	46							46						
3. Second Quarter.....	52							52						
4. Third Quarter.....	72							72						
5. Current Year.....	75							75						
6. Current Year Member Months.....	808							808						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	464							464						
8. Non-Physician.....	328							328						
9. Total.....	792							792						
10. Hospital Patient Days Incurred.....	127							127						
11. Number of Inpatient Admissions.....	18							18						
12. Health Premiums Written (b).....	733,561							733,561						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	733,561							733,561						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	424,184							424,184						
18. Amount Incurred for Provision of Health Care Services.....	735,095							735,095						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

30.GT

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

**NONE**

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
<b>Life and Annuity, Affiliates, U.S., Other</b>						
60739	74-0484030	01/01/2022	American National Insurance Company	TX	23,354	
0299999 - Life and Annuity, Affiliates, U.S., Other					23,354	
0399999 - Life and Annuity, Affiliates, U.S., Total					23,354	
0799999 - Life and Annuity, Total Affiliates					23,354	
1199999 - Total Life and Annuity					23,354	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					23,354	
9999999 - Total (Sum of 1199999 and 2299999)					23,354	

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account, Authorized, Affiliates, U.S., Other</b>													
60739	74-0484030	01/01/2022	American National Insurance Company	TX	SSL/I	MR	7,675						
0299999 – General Account, Authorized, Affiliates, U.S., Other							7,675						
0399999 – General Account, Authorized, Affiliates, U.S., Total							7,675						
0799999 – General Account, Authorized, Total Authorized Affiliates							7,675						
1199999 – Total General Account Authorized							7,675						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							7,675						
9199999 – Total U.S.							7,675						
9999999 – Total (Sum of 4599999 and 9099999)							7,675						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	2022	2021	2020	2019	2018
<b>A. OPERATIONS ITEMS</b>					
1 Premiums.....					
2 Title XVIII-Medicare.....	8				
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....	23				
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					



**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1 Cash and invested assets (Line 12)	6,666,384		6,666,384
2 Accident and health premiums due and unpaid (Line 15)	26,659		26,659
3 Amounts recoverable from reinsurers (Line 16.1)	23,354	(23,354)	
4 Net credit for ceded reinsurance	XXX	23,354	23,354
5 All other admitted assets (Balance)	1,039,320		1,039,320
6 Total assets (Line 28)	7,755,717		7,755,717
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1)	342,928		342,928
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)	4,697		4,697
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	2,146,265		2,146,265
15 Total liabilities (Line 24)	2,493,890		2,493,890
16 Total capital and surplus (Line 33)	5,261,827	XXX	5,261,827
17 Total liabilities, capital and surplus (Line 34)	7,755,717		7,755,717
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	23,354	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	23,354	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	23,354	XXX	XXX

**SCHEDULE T – PART 2**  
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

**NONE**

**SCHEDULE Y**

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4999	COMMONWEALTH CARE ALLIANCE, INC.		04-3756900				COMMONWEALTH CARE ALLIANCE, INC.	MA	UDP				COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		26-0100022				BOSTONS COMMUNITY MEDICAL GROUP, INC. D/B/A CCC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		56-2382058				COMMONWEALTH CLINICAL ALLIANCE, INC.	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16986	85-4228186				COMMONWEALTH CARE ALLIANCE MASSACHUSETTS, LLC	MA	RE	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16984	85-4310885				COMMONWEALTH CARE ALLIANCE RHODE ISLAND, LLC	RI	IA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		82-2810261				CENTER TO ADVANCE CONSUMER PARTNERSHIP, INC.	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		46-4325429				747 CAMBRIDGE STREET LLC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		83-1983756				INSTED, LLC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-2358124				WINTER STREET VENTURES, LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		88-2835914				VOICE CARE TECH HOLDINGS LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNER	53.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-5421292				LIFEPOD SOLUTIONS, INC.	DE	NIA	VOICE CARE TECH HOLDINGS LLC	OWNERSHIP	53.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-2560730				COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	MI	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16542	81-4977640				CCA HEALTH MICHIGAN, INC.	MI	IA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	70.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		46-1262045				CCA ACO, LLC	MI	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-3685900				CCA PO, INC.	MI	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-2185714				RELIANCE NEXT GEN ACO LLC	MN	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	17294	87-3317576				COMMONWEALTH CARE ALLIANCE INDIANA, LLC	IN	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-3361607				COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	CA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-4822508				CCA HEALTH PLANS of CALIFORNIA, INC.	CA	NIA	COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-2979343				PROSPER HEALTH SERVICES, LLC	CA	NIA	COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	Ownership	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
Asterisk	Explanation														

**SCHEDULE Y**

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16986	85-4228186	Commonwealth Care Alliance Massachusetts, LLC		6,886,763							6,886,763	
16984	85-4310885	Commonwealth Care Alliance Rhode Island, LLC		8,745,739							8,745,739	
16542	81-4977640	CCA Health Michigan, Inc		8,752,472							8,752,472	
	04-3756900	Commonwealth Care Alliance, Inc		(15,632,502)							(15,632,502)	
	87-2560730	Commonwealth Care Alliance Michigan, LLC		(8,752,472)							(8,752,472)	
9999999 – Control Totals										XXX		

**SCHEDULE Y**

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1  Insurers in Holding Company	2  Owners with Greater than 10% Ownership	3  Ownership Percentage Column 2 of Column 1	4  Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5  Ultimate Controlling Party	6  U.S. Insurance Groups or Entities Controlled by Column 5	7  Ownership Percentage (Column 5 of Column 6)	8  Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Commonwealth Care Alliance, LLC .....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....	Commonwealth Care Alliance, Inc.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....
Commonwealth Care Alliance Rhode Island, LLC.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....	Commonwealth Care Alliance, Inc.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....
Commonwealth Care Alliance Indiana, LLC.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....	Commonwealth Care Alliance, Inc.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....
CCA Health Michigan, Inc.....	Commonwealth Care Alliance Michigan, LLC.....	100.000 %	NO .....	Commonwealth Care Alliance, Inc.....	Commonwealth Care Alliance, Inc.....	100.000 %	NO .....

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.















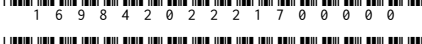

	Response
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
<b>April Filing</b>	
5. Will Management's Discussion and Analysis be filed by April 1?.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
<b>June Filing</b>	
8. Will an audited financial report be filed by June 1?.....	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES

**SUPPLEMENTAL FILINGS**

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

<b>March Filing</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
<b>April Filing</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	NO
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	NO
<b>August Filing</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

Explanation	Barcode
1.	
2.	 1 6 9 8 4 2 0 2 2 4 4 0 0 0 0 0
3.	
4.	
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10.	 1 6 9 8 4 2 0 2 2 3 6 0 0 0 0 0
11.	 1 6 9 8 4 2 0 2 2 0 5 0 0 0 0 0
12.	 1 6 9 8 4 2 0 2 2 4 2 0 0 0 0 0
13.	 1 6 9 8 4 2 0 2 2 3 7 1 0 0 0 0 0
14.	 1 6 9 8 4 2 0 2 2 3 7 0 0 0 0 0 0
15.	 1 6 9 8 4 2 0 2 2 3 6 5 0 0 0 0 0
16.	 1 6 9 8 4 2 0 2 2 2 4 0 0 0 0 0
17.	 1 6 9 8 4 2 0 2 2 2 5 0 0 0 0 0
18.	 1 6 9 8 4 2 0 2 2 2 6 0 0 0 0 0
19.	 1 6 9 8 4 2 0 2 2 3 0 6 0 0 0 0 0
20.	 1 6 9 8 4 2 0 2 2 2 1 1 0 0 0 0 0
21.	 1 6 9 8 4 2 0 2 2 2 1 6 0 0 0 0 0
22.	 1 6 9 8 4 2 0 2 2 2 1 7 0 0 0 0 0
23.	 1 6 9 8 4 2 0 2 2 2 9 0 0 0 0 0 0
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