



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

NAIC Group Code 0380 0380 NAIC Company Code 53007 Employer's ID Number 53-0078070
(Current) (Prior)

Organized under the Laws of District of Columbia, State of Domicile or Port of Entry DC

Country of Domicile United States of America

Licensed as business type: HMDI

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 08/11/1939 Commenced Business 03/15/1934

Statutory Home Office 840 First Street NE Washington, DC, US 20065
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10455 Mill Run Circle
(Street and Number)
Owings Mills, MD, US 21117 410-581-3000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 10455 Mill Run Circle Owings Mills, MD, US 21117
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10455 Mill Run Circle
(Street and Number)
Owings Mills, MD, US 21117 410-998-7011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.carefirst.com

Statutory Statement Contact William Vincent Stack 410-998-7011
(Name) (Area Code) (Telephone Number)
bill.stack@carefirst.com 410-998-6850
(E-mail Address) (FAX Number)

OFFICERS

President and Chief Executive Officer Chester Emerson Burrell Corp. Treasurer & VP Jeanne Ann Kennedy
Corp. Secretary, Exec.VP & Gen. Counsel John Anthony Picciotto

OTHER

<u>Gregory Mark Chaney EVP, CFO</u>	<u>Michael Thomas Avotins SVP, ASU - Large Groups</u>	<u>Michael Bruce Edwards SVP, Networks Mgmt</u>
<u>Gwendolyn Denise Skillern SVP, General Auditor</u>	<u>Fred Adrian Walton Plumb SVP, ASU-FEP</u>	<u>Michael John Felber SVP, Sales</u>
<u>Rita Ann Costello SVP, Strategic Marketing</u>	<u>Maria Harris Tildon SVP, Public Policy</u>	<u>Jon Paul Shematek, M.D. SVP, Chief Medical Officer</u>
<u>Kenny Waitem Kan SVP, Chief Actuary</u>	<u>Wanda Kay Oneferu-Bey SVP, ASU-Consumer Direct</u>	<u>Kevin Charles O'Neill SVP, Strategic Managed Care Initiatives</u>
<u>Steven Jon Margolis SVP, ASU-Small & Medium Groups</u>	<u>Harry Dietz Fox SVP, Technical & Ops Support</u>	<u>Michelle Judith Wright SVP, Human Resources</u>

DIRECTORS OR TRUSTEES

<u>Elizabeth Oliver-Farrow</u>	<u>James Wallace</u>	<u>Larry Donovan Bailey</u>
<u>Carlos Mario Rodriguez</u>	<u>Robert Marcellus Willis</u>	<u>Faye Ford Fields</u>
<u>Natalie Olivia Ludaway</u>	<u>Robert Lee Sloan</u>	<u>Janice Delores Anderson</u>
<u>Bernard Keith Jarvis</u>	<u>Wendell Lee Johns</u>	<u>Jack Allan Meyer</u>
<u>Elena Victoria Rios</u>	<u>Patricia Amelia Rodriguez</u>	

State of Maryland SS:
County of Baltimore

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.

Chester Emerson Burrell John Anthony Picciotto Jeanne Ann Kennedy
President and Chief Executive Officer Corp. Secretary, Exec. VP & Gen. Counsel Corp. Treasurer & VP

Subscribed and sworn to before me this 25th day of FEBRUARY 2013

Cynthia L. Kipp

- 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.....



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
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	15,201,123	224,856	77,809	15,791	35,826	15,555,405
0499999. Subtotals	15,201,123	224,856	77,809	15,791	35,826	15,555,405
0599999. Unreported claims and other claim reserves						270,041,392
0699999. Total amounts withheld						0
0799999. Total claims unpaid						285,596,797
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0899999 Accrued medical incentive pool and bonus amounts						0

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	16,013,507	0	12,636,621	3,376,886	3,376,886	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	0	7,197,489	5,733,301	1,464,188	1,464,188	0
6. Total	16,013,507	7,197,489	18,369,922	4,841,074	4,841,074	0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF	District of Columbia		DURING THE YEAR					(LOCATION)		
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
				2	3							
Total	Individual	Group										
Total Members at end of:												
1. Prior Year	218,898	8,934	97,001	1,407	675	2,282	97,700	0	0	10,899		
2. First Quarter	221,269	9,387	94,984	1,503	700	2,322	96,856	0	0	15,517		
3. Second Quarter	223,317	9,561	96,472	1,512	999	2,599	96,585	0	0	15,589		
4. Third Quarter	223,141	9,551	96,514	1,523	1,077	2,746	96,080	0	0	15,650		
5. Current Year	222,505	9,386	95,296	1,523	1,077	2,852	96,614	0	0	15,757		
6. Current Year Member Months	2,673,065	113,558	1,149,971	18,166	12,110	32,005	1,160,213	0	0	187,042		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,422,930	62,048	533,258	25,260	0	0	802,364	0	0	0		
8. Non-Physician	618,168	27,935	272,691	5,214	0	0	312,328	0	0	0		
9. Total	2,041,098	89,983	805,949	30,474	0	0	1,114,692	0	0	0		
10. Hospital Patient Days Incurred	38,866	1,574	13,934	1,231	0	0	22,127	0	0	0		
11. Number of Inpatient Admissions	10,360	396	3,774	261	0	0	5,929	0	0	0		
12. Health Premiums Written (b)	809,374,639	30,135,489	415,597,657	4,310,739	919,338	14,129,131	339,294,162	0	0	4,988,123		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	791,055,237	30,195,489	407,763,735	3,720,739	919,338	14,129,131	329,338,682	0	0	4,988,123		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	721,482,117	30,520,314	364,339,808	2,601,400	952,720	9,978,552	309,123,714	0	0	3,965,609		
18. Amount Incurred for Provision of Health Care Services	715,544,960	29,428,582	359,793,826	2,506,837	952,720	10,416,106	308,723,498	0	0	3,723,391		

(a) For health business: number of persons insured under PPO managed care products188,655 and number of persons insured under indemnity only products4,612 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2012						(LOCATION)		
		1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	53007
			Individual	Group									
Total Members at end of:													
1. Prior Year	342,247	26,408	119,175	2,258	7,169	19,605	153,735	0	0	13,897			
2. First Quarter	340,700	25,588	109,512	2,300	7,108	17,161	155,798	0	0	23,233			
3. Second Quarter	337,968	24,971	107,754	2,363	7,415	17,007	155,786	0	0	22,672			
4. Third Quarter	333,749	24,445	103,706	2,449	7,764	16,828	155,723	0	0	22,834			
5. Current Year	330,591	23,927	100,788	2,552	8,054	16,785	155,513	0	0	22,972			
6. Current Year Member Months	4,043,546	298,750	1,277,598	28,678	90,274	204,542	1,868,211	0	0	275,493			
Total Member Ambulatory Encounters for Year:													
7. Physician	3,593,347	136,684	688,515	47,348	0	0	2,720,800	0	0	0			
8. Non-Physician	1,579,646	64,274	336,555	9,343	0	0	1,169,474	0	0	0			
9. Total	5,172,993	200,958	1,025,070	56,691	0	0	3,890,274	0	0	0			
10. Hospital Patient Days Incurred	103,210	3,108	20,363	2,383	0	0	77,356	0	0	0			
11. Number of Inpatient Admissions	27,511	804	5,320	553	0	0	20,834	0	0	0			
12. Health Premiums Written (b)	1,423,884,783	60,164,739	492,981,957	6,137,840	3,512,983	44,917,195	813,121,443	0	0	3,048,626			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	1,400,656,387	60,164,739	493,691,957	6,057,840	3,512,983	44,917,195	789,263,047	0	0	3,048,626			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	1,261,553,017	50,723,984	426,349,422	6,396,115	2,842,124	30,938,092	743,512,760	0	0	790,520			
18. Amount Incurred for Provision of Health Care Services	1,251,442,363	50,050,762	418,278,375	6,603,140	2,842,124	30,762,876	742,250,164	0	0	654,922			

(a) For health business: number of persons insured under PPO managed care products277,590 and number of persons insured under indemnity only products20,946 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
		Virginia			2012						NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	254,073	20,357	96,931	2,269	1,878	2,502	118,571	0	0	11,565		
2. First Quarter	254,383	20,527	96,561	2,260	1,940	2,446	120,000	0	0	10,649		
3. Second Quarter	254,796	20,888	96,667	2,294	1,875	2,473	120,067	0	0	10,532		
4. Third Quarter	252,865	20,841	94,924	2,264	1,947	2,547	120,051	0	0	10,291		
5. Current Year	249,952	20,803	91,668	2,267	2,194	2,817	119,938	0	0	10,265		
6. Current Year Member Months	3,038,016	248,596	1,144,040	27,241	23,354	30,232	1,438,742	0	0	125,811		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,810,966	132,259	590,202	42,442	0	0	2,046,063	0	0	0		
8. Non-Physician	1,127,948	56,602	264,836	8,818	0	0	797,692	0	0	0		
9. Total	3,938,914	188,861	855,038	51,260	0	0	2,843,755	0	0	0		
10. Hospital Patient Days Incurred	76,059	3,286	13,983	2,238	0	0	56,552	0	0	0		
11. Number of Inpatient Admissions	20,640	843	4,070	486	0	0	15,241	0	0	0		
12. Health Premiums Written (b)	1,186,807,151	66,810,496	435,930,624	6,284,051	1,170,146	10,310,519	665,220,550	0	0	1,080,765		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,172,738,424	70,300,496	437,810,624	6,364,051	1,170,146	10,310,519	645,701,823	0	0	1,080,765		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,058,815,335	62,401,913	367,230,737	4,614,668	1,144,701	12,627,396	610,544,681	0	0	251,239		
18. Amount Incurred for Provision of Health Care Services	1,051,031,400	61,417,345	361,686,948	4,567,108	1,144,701	12,545,998	609,496,379	0	0	172,921		

(a) For health business: number of persons insured under PPO managed care products226,748 and number of persons insured under indemnity only products6,532 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code	0380	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total		DURING THE YEAR					2012		NAIC Company Code	53007
			1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		Individual	3 Group										
Total Members at end of:													
1.	Prior Year	815,218	55,699	313,107	5,934	9,722	24,389	370,006	0	0	36,361		
2.	First Quarter	816,352	55,502	301,057	6,063	9,748	21,929	372,654	0	0	49,399		
3.	Second Quarter	816,081	55,420	300,893	6,169	10,289	22,079	372,438	0	0	48,793		
4.	Third Quarter	809,755	54,837	295,144	6,236	10,788	22,121	371,854	0	0	48,775		
5.	Current Year	803,048	54,116	287,752	6,342	11,325	22,454	372,065	0	0	48,994		
6.	Current Year Member Months	9,754,627	660,904	3,571,609	74,085	125,738	266,779	4,467,166	0	0	588,346		
Total Member Ambulatory Encounters for Year:													
7.	Physician	7,827,243	330,991	1,811,975	115,050	0	0	5,569,227	0	0	0		
8.	Non-Physician	3,325,762	148,811	874,082	23,375	0	0	2,279,494	0	0	0		
9.	Total	11,153,005	479,802	2,686,057	138,425	0	0	7,848,721	0	0	0		
10.	Hospital Patient Days Incurred	218,135	7,968	48,280	5,852	0	0	156,035	0	0	0		
11.	Number of Inpatient Admissions	58,511	2,043	13,164	1,300	0	0	42,004	0	0	0		
12.	Health Premiums Written (b)	3,420,066,573	157,110,724	1,344,510,238	16,732,630	5,602,467	69,356,845	1,817,636,155	0	0	9,117,514		
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15.	Health Premiums Earned	3,364,450,048	160,660,724	1,339,266,316	16,142,630	5,602,467	69,356,845	1,764,303,552	0	0	9,117,514		
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17.	Amount Paid for Provision of Health Care Services	3,041,850,469	143,646,211	1,157,919,967	13,612,183	4,939,545	53,544,040	1,663,181,155	0	0	5,007,368		
18.	Amount Incurred for Provision of Health Care Services	3,018,018,723	140,896,689	1,139,759,149	13,677,085	4,939,545	53,724,980	1,660,470,041	0	0	4,551,234		

(a) For health business: number of persons insured under PPO managed care products692,993 and number of persons insured under indemnity only products32,090 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

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
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance 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
60113	52-1962376	01/01/2009	First Care, Inc.	MD	QA/A/I	6,515,325	0	0	467,940	0	0
96202	52-1358219	01/01/2007	CareFirst BlueChoice, Inc.	DC	LRS/L/A/G	12,500	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	54,070,668	0	0	4,972,464	0	0
0199999. U.S. Affiliates						60,598,493	0	0	5,440,404	0	0
0399999. Total - Affiliates						60,598,493	0	0	5,440,404	0	0
0699999. Total - Non-Affiliates						0	0	0	0	0	0
0799999. Total U.S. (Sum of 0199999 and 0499999)						60,598,493	0	0	5,440,404	0	0
0899999. Total Non-U.S. (Sum of 0299999 and 0599999)						0	0	0	0	0	0
0999999 - Totals						60,598,493	0	0	5,440,404	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	275,736,992	0	0	0	0	0	0
0199999. General Account - Authorized U.S. Affiliates						275,736,992	0	0	0	0	0	0
0399999. Total General Account - Authorized Affiliates						275,736,992	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
0799999. Total General Account Authorized						275,736,992	0	0	0	0	0	0
1099999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
1399999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
1499999. Total General Account Unauthorized						0	0	0	0	0	0	0
1799999. Total General Account - Certified Affiliates						0	0	0	0	0	0	0
2099999. Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
2199999. Total General Account Certified						0	0	0	0	0	0	0
2299999. Total General Account Authorized, Unauthorized and Certified						275,736,992	0	0	0	0	0	0
2599999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
2899999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
2999999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
3299999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
3599999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
3699999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3999999. Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
4299999. Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
4399999. Total Separate Accounts Certified						0	0	0	0	0	0	0
4499999. Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
4599999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						275,736,992	0	0	0	0	0	0
4699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						0	0	0	0	0	0	0
4799999 - Totals						275,736,992	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	275,737	369,607	405,007	409,376	386,673
2. Title XVIII - Medicare	0	0	0	882	38
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	221,931	281,857	323,668	337,211	317,320
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	18,542	22,883	33,861	28,535	32,258
8. Reinsurance recoverable on paid losses	8,007	0	0	24,725	26,363
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
19. Letters of credit (L)	0	XXX	XXX	XXX	XXX
20. Trust agreements (T)	0	XXX	XXX	XXX	XXX
21. Other (O)	0	XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,093,617,320	0	1,093,617,320
2. Accident and health premiums due and unpaid (Line 15)	212,721,247	0	212,721,247
3. Amounts recoverable from reinsurers (Line 16.1)	8,006,603	(8,006,604)	(1)
4. Net credit for ceded reinsurance	XXX	3,485,260	3,485,260
5. All other admitted assets (Balance)	936,942,950	0	936,942,950
6. Total assets (Line 28)	2,251,288,120	(4,521,344)	2,246,766,776
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	267,054,569	18,542,227	285,596,796
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	53,225,819	0	53,225,819
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	989,936,778	(23,063,571)	966,873,207
15. Total liabilities (Line 24)	1,310,217,166	(4,521,344)	1,305,695,822
16. Total capital and surplus (Line 33)	941,070,954	XXX	941,070,954
17. Total liabilities, capital and surplus (Line 34)	2,251,288,120	(4,521,344)	2,246,766,776
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	18,542,227		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	8,006,604		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	26,548,831		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	23,063,571		
30. Total ceded reinsurance payables/offsets	23,063,571		
31. Total net credit for ceded reinsurance	3,485,260		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				6 Totals
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	
States, Etc.							
1. Alabama	AL	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	2,137	0	2,137
10. Florida	FL	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0
18. Kentucky	KY	0	0	0	0	0	0
19. Louisiana	LA	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0
21. Maryland	MD	0	0	0	4,443	0	4,443
22. Massachusetts	MA	0	0	0	0	0	0
23. Michigan	MI	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0
33. New York	NY	0	0	0	0	0	0
34. North Carolina	NC	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0
36. Ohio	OH	0	0	0	0	0	0
37. Oklahoma	OK	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0
47. Virginia	VA	0	0	0	4,786	0	4,786
48. Washington	WA	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0
50. Wisconsin	WI	0	0	0	0	0	0
51. Wyoming	WY	0	0	0	0	0	0
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien	OT	0	0	0	0	0	0
59. Total		0	0	0	11,366	0	11,366

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	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)	*
.0380	Carefirst Inc Group	47021	52-2069215				CareFirst, Inc.	MD	IA			0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	53007	53-0078070				Group Hospitalization and Medical Services, Inc.	DC		CareFirst, Inc.	Board of Directors	0.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	47058	52-1385894				CareFirst of Maryland, Inc.	MD	IA	CareFirst, Inc.	Board of Directors	0.000	CareFirst, Inc.	
		00000	20-1907367				Service Benefit Plan Administrative Services Corporation	DE	DS	Group Hospitalization and Medical Services, Inc.	Ownership	90.000	CareFirst, Inc.	
		00000	27-4297513				CareFirst Holdings, LLC	MD	NIA	CareFirst, Inc.	Board of Directors	0.000	CareFirst, Inc.	
		00000	52-1724358				Capital Area Services Company, LLC	WV	NIA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	96202	52-1358219				CareFirst BlueChoice, Inc.	DC	IA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
		00000	52-1187907				CFA, LLC	MD	NIA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	60113	52-1962376				First Care, Inc.	MD	IA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
		00000	52-1118153				National Capital Insurance Agency, LLC	DC	NIA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	
		00000	52-2362725				CapitalCare, Inc.	VA	NIA	CareFirst BlueChoice, Inc.	Ownership	100.000	CareFirst, Inc.	
.0380	Carefirst Inc Group	13130	52-1840919				The Dental Network, Inc.	MD	IA	CareFirst BlueChoice, Inc.	Ownership	100.000	CareFirst, Inc.	

Asterisk	Explanation
N/A	

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	Federal 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)
53007	53-0078070	Group Hospitalization and Medical Services, Inc.	0	0	0	0	(70,143,666)	0		0	(70,143,666)	21,108,427
47058	52-1385894	CareFirst of Maryland, Inc.	0	0	0	0	308,982,193	0		0	308,982,193	(24,128,557)
60113	52-1962376	First Care, Inc.	0	0	0	0	0	0		0	0	3,020,130
00000	52-1187907	CFA, LLC	0	0	0	0	(24,162,795)	0		0	(24,162,795)	0
96202	52-1358219	CareFirst BlueChoice, Inc.	0	299,951	0	0	(214,675,732)	0		0	(214,375,781)	(1,279,768)
13130	52-1840919	The Dental Network, Inc.	0	0	0	0	0	0		0	0	1,279,768
11227	52-2362725	CapitalCare, Inc.	0	(299,951)	0	0	0	0		0	(299,951)	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2. Will an actuarial opinion be filed by March 1?	YES
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
APRIL FILING	
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
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15. 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
16. 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
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
18. 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
19. 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
20. 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
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

1. An extension was granted by the state of domicile to file on 4/15/2013.
- 2.
- 3.
4. Not a stock company.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Bar Codes:

12. Life Supplement [Document Identifier 205]	
13. Property/Casualty Supplement [Document Identifier 207]	
15. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20. Relief from the Requirements for Audit Committees [Document Identifier 226]	
22. Life Supplement [Document Identifier 211]	
23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	



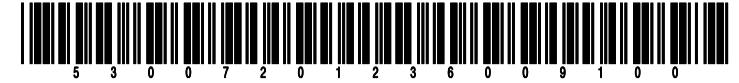
SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia
 NAIC Group Code 0380 NAIC Company Code 53007
 ADDRESS (City, State and Zip Code) Washington, DC 20065
 Person Completing This Exhibit David Markowitz
 Title Sr. Actuarial Assistant Telephone Number 410-998-4662

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
NO	Blue Cross Blue Shield 65	P	NO	.000000	.01/01/1965		.11/06/1992	.07/31/1992	DC BCBS 65	446,255	291,427	65.3	163	.0	.0	0.0	0
NO	PRO65-0790	P	NO	.000000	.07/01/1990		.11/06/1992	.07/31/1992	DC Protection 65	220,679	125,344	56.8	68	.0	.0	0.0	0
YES	Medigap Plan A DC (5/99)	A	NO	.000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	.81,431	.61,560	75.6	15	9,039	4,240	46.9	2
YES	Medigap Plan C DC (5/99)	C	NO	.000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	275,260	176,163	64.0	48	22,081	24,809	112.4	3
YES	Medigap UW Plan C DC (1/01)	C	NO	.000000	.10/25/2000			.05/31/2010	DC Supplement 65 Underwritten	147,842	85,596	57.9	50	4,304	2,128	49.4	2
YES	Medigap Plan F DC (5/99)	F	NO	.000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	691,871	300,590	43.4	145	24,317	11,144	45.8	6
YES	Medigap UW Plan F DC (1/01)	F	NO	.000000	.10/25/2000			.05/31/2010	DC Supplement 65 Underwritten	1,486,518	968,559	65.2	618	84,594	64,904	76.7	41
YES	DC/CF/MG UW PLAN B (6/10)	B	NO	.000000	.05/07/2010			.01/01/2012	DC Supplement 65 Underwritten	.0	.0	0.0	.0	10,924	3,174	29.1	5
YES	DC/CF/MG PLAN C (6/10)	C	NO	.000000	.02/11/2010			.01/01/2012	DC Supplement 65	.0	.0	0.0	.0	84,222	83,107	98.7	16
YES	DC/CF/MG UW PLAN C (6/10)	C	NO	.000000	.02/11/2010			.01/01/2012	DC Supplement 65 Underwritten	.0	.0	0.0	.0	21,432	18,192	84.9	9
YES	DC/CF/MG UW PLAN F (6/10)	F	NO	.000000	.02/22/2010			.01/01/2012	DC Supplement 65 Underwritten	.0	.0	0.0	.0	286,140	216,161	75.5	149
YES	DC/CF/MG UW PLAN HI DED F (6/10)	F	NO	.000000	.02/23/2010			.01/01/2012	DC Supplement 65 Underwritten	.0	.0	0.0	.0	29,561	.671	2.3	29
YES	DC/CF/MG UW PLAN N (6/10)	N	NO	.000000	.02/23/2010			.01/01/2012	DC Supplement 65 Underwritten	.0	.0	0.0	.0	5,082	1,343	26.4	3
YES	DC/CF/MG PLAN A (6/10)	A	NO	.0234560	.02/11/2010				DC Supplement 65	.0	.0	0.0	.0	8,247	5,710	69.2	5
YES	DC/CF/MG PLAN B (6/10)	B	NO	.0234500	.05/04/2010				DC Supplement 65	.0	.0	0.0	.0	468	2,022	432.1	1
YES	DC/CF/MG PLAN F (6/10)	F	NO	.0234500	.02/11/2010				DC Supplement 65	.0	.0	0.0	.0	128,271	83,389	65.0	95
YES	DC/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/31/2010				DC Supplement 65	.0	.0	0.0	.0	13,469	1,097	8.1	13
YES	DC/CF/MG PLAN N (6/10)	N	NO	.0234500	.02/11/2010				DC Supplement 65	.0	.0	0.0	.0	3,192	782	24.5	5
0199999. Total Experience on Individual Policies										3,349,856	2,009,239	60.0	1,107	735,343	522,873	71.1	384

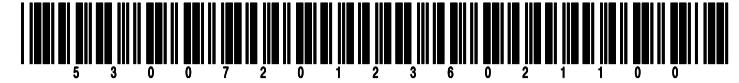
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SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
- 2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
- 3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (To Be Filed by March 1)

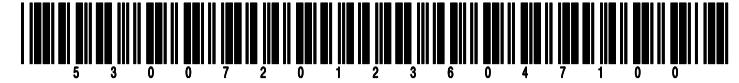
FOR THE STATE OF Maryland.....
 NAIC Group Code 0380..... NAIC Company Code 53007.....
 ADDRESS (City, State and Zip Code) Washington, DC 20065.....
 Person Completing This Exhibit David Markowitz.....
 Title Sr. Actuarial Assistant..... Telephone Number 410-998-4662.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
NO	Blue Cross Blue Shield 65	P	NO	.000000	.01/01/1965		.10/27/1993	.06/30/1992	MD BCBS 65	1,107,863	1,106,861	99.9	411	0	0	0.0	0
NO	PRO65-0790	P	NO	.000000	.08/24/1990		.10/27/1993	.06/30/1992	MD Protection 65	546,467	518,007	94.8	187	0	0	0.0	0
YES	Medigap Plan A (5/99) MD	A	NO	.000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	57,661	40,753	70.7	26	2,022	(3,183)	(157.4)	1
YES	Medigap Plan C (5/99) MD	C	NO	.000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	308,396	230,085	74.6	97	10,790	24,540	227.4	3
YES	Medigap Plan F (5/99) MD	F	NO	.000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	922,738	554,640	60.1	255	14,554	4,293	29.5	5
YES	MD/CF/MG PLAN C (6/10)	C	NO	.000000	.03/26/2010			.06/01/2012	MD Supplement 65	0	0	0.0	0	673,870	1,224,615	181.7	150
YES	MD/CF/MG PLAN A (6/10)	A	NO	.0234560	.03/26/2010				MD Supplement 65	0	0	0.0	0	376,335	1,173,454	311.8	204
YES	MD/CF/MG PLAN B (6/10)	B	NO	.0234500	.03/26/2010				MD Supplement 65	0	0	0.0	0	69,425	59,801	86.1	38
YES	MD/CF/MG PLAN F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	0	0	0.0	0	1,650,137	1,413,299	85.6	884
YES	MD/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	0	0	0.0	0	156,517	72,984	46.6	288
YES	MD/CF/MG PLAN G (2/12)	G	NO	.0234500	.03/27/2012				MD Supplement 65	0	0	0.0	0	0	0	0.0	4
YES	MD/CF/MG PLAN N (6/10)	N	NO	.0234500	.03/26/2010				MD Supplement 65	0	0	0.0	0	42,247	34,726	82.2	30
0199999. Total Experience on Individual Policies										2,943,125	2,450,346	83.3	976	2,995,897	4,004,529	133.7	1,607

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 10453 Mill Run Circle Owings Mills, MD 21117
- 2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 10453 Mill Run Circle Owings Mills, MD 21117
- 3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
4. Explain any policies identified above as policy type "O".

360.MD



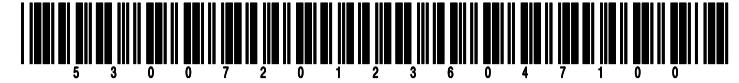
SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....
 NAIC Group Code 0380..... NAIC Company Code 53007.....
 ADDRESS (City, State and Zip Code) Washington, DC 20065.....
 Person Completing This Exhibit David Markowitz.....
 Title Sr. Actuarial Assistant..... Telephone Number 410-998-4662.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
NO	Blue Cross Blue Shield 65	P	NO	.0000000	.01/01/1965			.07/31/1992	VA BCBS 65	621,675	627,716	101.0	236	0	0	0.0	0
NO	PRO65-0790	P	NO	.0000000	.07/01/1990			.07/31/1992	VA Protection 65	306,610	294,299	96.0	114	0	0	0.0	0
YES	Medigap Plan A VA (5/99)	A	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	198,071	140,176	70.8	33	5,432	11,843	218.0	1
YES	Medigap Plan C VA (5/99)	C	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	480,612	249,586	51.9	58	45,547	44,268	97.2	5
YES	Medigap UW Plan C VA (1/01)	C	NO	.0000000	.12/29/2000			.05/31/2010	Underwritten	239,517	250,097	104.4	86	13,834	7,300	52.8	6
YES	Medigap Plan F VA (5/99)	F	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	903,593	498,795	55.2	177	16,331	14,714	90.1	3
YES	Medigap UW Plan F VA (1/01)	F	NO	.0000000	.12/29/2000			.05/31/2010	Underwritten	2,199,130	1,610,770	73.2	982	93,533	61,737	66.0	46
YES	VA/CF/MG UW PLAN B (6/10)	B	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	0	0	0.0	0	16,315	86,113	527.8	11
YES	VA/CF/MG PLAN C (6/10)	C	NO	.0000000	.05/21/2010			.09/01/2012	VA Supplement 65	0	0	0.0	0	115,410	76,579	66.4	12
YES	VA/CF/MG UW PLAN C (6/10)	C	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	0	0	0.0	0	26,256	28,698	109.3	12
YES	VA/CF/MG UW PLAN F (6/10)	F	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	0	0	0.0	0	572,864	420,872	73.5	321
YES	VA/CF/MG UW PLAN HI DED F (6/10)	F	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	0	0	0.0	0	31,398	4,615	14.7	43
YES	VA/CF/MG UW PLAN N (6/10)	N	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	0	0	0.0	0	14,131	3,078	21.8	9
YES	VA/CF/MG PLAN A (6/10)	A	NO	.0234560	.05/21/2010				VA Supplement 65	0	0	0.0	0	73,683	82,568	112.1	12
YES	VA/CF/MG PLAN B (6/10)	B	NO	.0234500	.05/21/2010				VA Supplement 65	0	0	0.0	0	9,854	14,133	143.4	4
YES	VA/CF/MG PLAN F (6/10)	F	NO	.0234500	.05/21/2010				VA Supplement 65	0	0	0.0	0	111,042	140,830	126.8	76
YES	VA/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.05/21/2010				VA Supplement 65	0	0	0.0	0	13,125	2,152	16.4	15
YES	VA/CF/MG PLAN N (6/10)	N	NO	.0234500	.05/21/2010				VA Supplement 65	0	0	0.0	0	10,446	19,159	183.4	6
0199999. Total Experience on Individual Policies										4,949,208	3,671,439	74.2	1,686	1,169,201	1,018,659	87.1	582

360.VA



SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
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3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
- 3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2012 OF THE Group Hospitalization & Medical Services, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0380

(To Be Filed by March 1)

NAIC Company Code 53007

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	6,138,400	XXX	0	XXX	6,138,400
1.12 Without Reinsurance Coverage	0	XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	0
1.2 Supplemental Benefits	376,925	XXX	0	XXX	376,925
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
2.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
2.2 Supplemental Benefits	0	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
3.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
3.2 Supplemental Benefits	0	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	0	XXX	0	XXX	XXX
4.2 Payable	0	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	6,138,400	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	376,925	XXX	0	XXX	XXX
6. Total Premiums	6,515,325	XXX	0	XXX	6,515,325
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	4,306,798	XXX	0	XXX	4,306,798
7.12 Without Reinsurance Coverage	0	XXX	0	XXX	0
7.2 Supplemental Benefits	576,887	XXX	0	XXX	576,887
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(20,009)	XXX	0	XXX	XXX
8.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
8.2 Supplemental Benefits	1,188	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
9.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
9.2 Supplemental Benefits	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	4,286,789	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	578,075	XXX	0	XXX	XXX
11. Total Claims	4,864,864	XXX	0	XXX	4,883,685
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	0	XXX	0	0
12.2 Reimbursements Received but Not Applied-change	XXX	0	XXX	0	0
12.3 Reimbursements Receivable-change	XXX	0	XXX	0	XXX
12.4 Health Care Receivables-change	XXX	0	XXX	0	XXX
13. Aggregate Policy Reserves-change	0	0	0	0	XXX
14. Expenses Paid	1,573,147	XXX	0	XXX	1,573,147
15. Expenses Incurred	1,573,147	XXX	0	XXX	XXX
16. Underwriting Gain/Loss	77,314	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	58,493

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