



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2010
OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of Louisiana, Inc.

NAIC Group Code 1137 , 1137 NAIC Company Code 95173 Employer's ID Number 74-2381406
(Current Period) (Prior Period)

Organized under the Laws of Louisiana , State of Domicile or Port of Entry Louisiana
Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/15/1985 Commenced Business 07/01/1985

Statutory Home Office 3838 N. Causeway Blvd., Suite 3350 , Metairie, LA 70002
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 3838 N. Causeway Blvd., Suite 3350 Metairie, LA 70002 504-834-0840
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 3838 N. Causeway Blvd., Suite 3350 Metairie, LA 70002
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 3838 N. Causeway Blvd., Suite 3350 Metairie, LA 70002 504-834-0840
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.cvty.com

Statutory Statement Contact John Philip Caire III 504-834-0840
(Name) (Area Code) (Telephone Number) (Extension)
jpcaire@cvty.com 504-834-2694
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>John Reed Pegues III</u>	<u>President & CEO</u>	<u>John Philip Caire III</u>	<u>Vice President & CFO</u>

OTHER OFFICERS

<u>Melinda Lee Tuozzo</u>	<u>Assistant Treasurer</u>	<u>Jonathan David Weinberg</u>	<u>Assistant Secretary</u>
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DIRECTORS OR TRUSTEES

<u>Michael Dean Bahr</u>	<u>John Reed Pegues III</u>	<u>Todd A Petersen #</u>
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State of LOUISIANA 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.

John Reed Pegues III

John Philip Caire III

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

b. If no:

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

Subscribed and sworn to before me this _____ day of _____

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	34,874,083		34,874,083	28,054,618
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (2,838,746)), cash equivalents (\$ 3,633,860) and short-term investments (\$ 5,373,568)	6,168,681		6,168,681	12,878,312
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities	121		121	110
10. Aggregate write-ins for invested assets	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10)	41,042,885	0	41,042,885	40,933,041
12. Title plants less \$ charged off (for Title insurers only)			0	0
13. Investment income due and accrued	415,862		415,862	309,515
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection	1,891,367		1,891,367	1,539,466
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
14.3 Accrued retrospective premiums			0	0
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers	713,287	0	713,287	3,795
15.2 Funds held by or deposited with reinsured companies			0	0
15.3 Other amounts receivable under reinsurance contracts			0	0
16. Amounts receivable relating to uninsured plans	23,128		23,128	152,909
17.1 Current federal and foreign income tax recoverable and interest thereon			0	815,280
17.2 Net deferred tax asset	596,834	154,077	442,757	235,996
18. Guaranty funds receivable or on deposit			0	0
19. Electronic data processing equipment and software			0	0
20. Furniture and equipment, including health care delivery assets (\$)	96,468	85,870	10,598	14,424
21. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
22. Receivables from parent, subsidiaries and affiliates			0	0
23. Health care (\$) and other amounts receivable	3,031		3,031	0
24. Aggregate write-ins for other than invested assets	452,701	452,701	0	0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	45,235,563	692,648	44,542,915	44,004,426
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
27. Total (Lines 25 and 26)	45,235,563	692,648	44,542,915	44,004,426
DETAILS OF WRITE-INS				
1001.			0	0
1002.			0	0
1003.			0	0
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	0	0	0	0
2401. PREPAID EXPENSES	69,027	69,027	0	0
2402. INTANGIBLE ASSETS	383,674	383,674	0	0
2403. Other Long Term Assets			0	0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	452,701	452,701	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$180,392 reinsurance ceded).....	13,450,402	1,814,474	15,264,876	12,289,799
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	239,270		239,270	177,168
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	3,052,946		3,052,946	2,095,890
9. General expenses due or accrued	1,529,919		1,529,919	2,735,328
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	250,019		250,019	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	8,579		8,579	9,623
13. Remittances and items not allocated	148,961		148,961	454,179
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	189,301		189,301	507,674
16. Derivatives			0	0
17. Payable for securities			0	0
18. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
19. Reinsurance in unauthorized companies			0	0
20. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
21. Liability for amounts held under uninsured plans			0	0
22. Aggregate write-ins for other liabilities (including \$ current)	2,287,617	0	2,287,617	2,141,287
23. Total liabilities (Lines 1 to 22).....	21,157,014	1,814,474	22,971,488	20,410,949
24. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
25. Common capital stock	XXX	XXX	0	0
26. Preferred capital stock	XXX	XXX	0	0
27. Gross paid in and contributed surplus	XXX	XXX	55,784,720	55,784,720
28. Surplus notes	XXX	XXX	0	0
29. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
30. Unassigned funds (surplus)	XXX	XXX	(34,213,293)	(32,191,243)
31. Less treasury stock, at cost:				
31.1 shares common (value included in Line 25 \$)	XXX	XXX		0
31.2 shares preferred (value included in Line 26 \$)	XXX	XXX		0
32. Total capital and surplus (Lines 24 to 30 minus Line 31)	XXX	XXX	21,571,427	23,593,477
33. Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	44,542,915	44,004,426
DETAILS OF WRITE-INS				
2201. OPM PAYABLE.....	2,287,617		2,287,617	2,141,287
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	2,287,617	0	2,287,617	2,141,287
2401.	XXX	XXX		0
2402.	XXX	XXX		0
2403.	XXX	XXX		0
2498. Summary of remaining write-ins for Line 24 from overflow page	XXX	XXX	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	XXX	XXX	0	0
2901.	XXX	XXX		0
2902.	XXX	XXX		0
2903.	XXX	XXX		0
2998. Summary of remaining write-ins for Line 29 from overflow page	XXX	XXX	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	376,097	292,597	400,210
2. Net premium income (including \$ non-health premium income).....	XXX	103,058,702	79,658,219	108,970,223
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0	0
5. Risk revenue.....	XXX		0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	103,058,702	79,658,219	108,970,223
Hospital and Medical:				
9. Hospital/medical benefits.....		57,149,485	41,797,709	60,954,541
10. Other professional services.....		931,575	705,187	741,087
11. Outside referrals.....		8,764,502	1,899,315	3,401,953
12. Emergency room and out-of-area.....		5,431,573	4,288,753	6,172,056
13. Prescription drugs.....		13,820,852	10,673,357	15,183,888
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15).....	0	86,097,987	59,364,321	86,453,525
Less:				
17. Net reinsurance recoveries.....		1,710,325	170,820	1,603,590
18. Total hospital and medical (Lines 16 minus 17).....	0	84,387,662	59,193,501	84,849,935
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 255,542 cost containment expenses.....		2,622,192	2,531,102	3,494,524
21. General administrative expenses.....		12,696,932	9,627,507	13,533,767
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	99,706,786	71,352,111	101,878,226
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	3,351,916	8,306,108	7,091,997
25. Net investment income earned.....		872,179	864,907	1,129,054
26. Net realized capital gains (losses) less capital gains tax of \$ 3,259.....		6,053	(33,828)	(33,828)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	878,232	831,079	1,095,226
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....		(78,795)	(11,047)	(5,544)
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	4,151,353	9,126,140	8,181,680
31. Federal and foreign income taxes incurred.....	XXX	1,672,888	2,949,863	2,296,983
32. Net income (loss) (Lines 30 minus 31).....	XXX	2,478,465	6,176,277	5,884,697
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.			0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	23,593,477	23,867,483	23,867,483
34. Net income or (loss) from Line 32	2,478,465	6,176,277	5,884,697
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	360,838	0	(221,013)
39. Change in nonadmitted assets	(7,625)	(133,313)	62,310
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders	(4,853,729)	(6,000,000)	(6,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(2,022,051)	42,964	(274,006)
49. Capital and surplus end of reporting period (Line 33 plus 48)	21,571,426	23,910,447	23,593,477
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	103,663,857	80,526,434	109,613,726
2. Net investment income	961,612	856,565	1,170,877
3. Miscellaneous income	0	(4,347)	0
4. Total (Lines 1 to 3)	104,625,468	81,378,652	110,784,603
5. Benefit and loss related payments	82,057,838	57,532,516	80,592,183
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	16,411,444	12,008,212	16,780,151
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	610,848	4,056,835	4,171,605
10. Total (Lines 5 through 9)	99,080,130	73,597,562	101,543,939
11. Net cash from operations (Line 4 minus Line 10)	5,545,338	7,781,090	9,240,664
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,838,446	2,219,923	5,448,932
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	(43)
12.7 Miscellaneous proceeds	0	236	233
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,838,446	2,220,159	5,449,122
13. Cost of investments acquired (long-term only):			
13.1 Bonds	9,844,380	710,488	4,164,029
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	9,844,380	710,488	4,164,029
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(7,005,934)	1,509,671	1,285,093
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	4,853,729	6,000,000	6,000,000
16.6 Other cash provided (applied)	(395,306)	29,606	73,256
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(5,249,035)	(5,970,394)	(5,926,744)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(6,709,631)	3,320,367	4,599,012
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,878,312	8,279,300	8,279,300
19.2 End of period (Line 18 plus Line 19.1)	6,168,681	11,599,667	12,878,312

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	36,490	9,042	24,426	.0	.0	.0	3,022	.0	.0	.0
2. First Quarter	41,654	9,756	29,241	.0	.0	.0	2,657	.0	.0	.0
3. Second Quarter	42,059	10,412	29,044	.0	.0	.0	2,603	.0	.0	.0
4. Third Quarter	42,407	10,991	28,829				2,587			
5. Current Year	0		0							
6. Current Year Member Months	376,097	90,977	261,550				23,570			
Total Member Ambulatory Encounters for Period:										
7. Physician	399,086	96,538	277,537				25,011			
8. Non-Physician	19,884	4,810	13,828				1,246			
9. Total	418,970	101,348	291,365	0	0	0	26,257	0	0	0
10. Hospital Patient Days Incurred	7,510	554	6,166				790			
11. Number of Inpatient Admissions	1,895	171	1,586				138			
12. Health Premiums Written (a).....	104,718,106	13,626,776	81,324,051				9,767,279			
13. Life Premiums Direct .....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	104,718,106	13,626,776	81,324,051				9,767,279			
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	84,505,989	12,812,538	65,584,702				6,108,749			
18. Amount Incurred for Provision of Health Care Services	86,097,987	11,726,037	68,824,021				5,547,929			

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

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	10,585,241	64,718,595	22,364	14,097,121	10,607,605	10,585,402
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan	938,653	5,170,096	1,814	1,143,577	940,467	1,704,397
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	11,523,894	69,888,691	24,178	15,240,698	11,548,072	12,289,799
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts0	.0
13. Totals	11,523,894	69,888,691	24,178	15,240,698	11,548,072	12,289,799

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

NOTES TO FINANCIAL STATEMENTS

1. Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Coventry health Care of Louisiana have been prepared in accordance with the accounting practices prescribed or permitted by the Louisiana Department of Insurance (DOI). Such practices differ in certain respects from generally accepted accounting principles in determining financial position and results of operations. Certain assets designated as nonadmitted (e.g. receivables greater than 90 days old, prepaid assets, intangible assets, certain amounts of property and equipment, notes receivable and deferred taxes) are excluded from the balance sheet by a direct charge to surplus. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as class 3-6 which are reported at the lower of amortized cost or fair market value.

The Louisiana Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Louisiana for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Louisiana insurance laws. The National Association of Insurance Commissioners' (NAIC) "Accounting Practices and Procedures Manual" (APPM), version effective [March 1, 2010](#), (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Louisiana. The State of Louisiana has not adopted any prescribed accounting practices that differ from those found in the NAIC SAP.

Net income for the nine months ended September 30, 2010 and statutory surplus as of September 30, 2010 as prescribed by the DOI and as prescribed by NAIC SAP is as follows:

DOI net income nine months ended September 30, 2010	\$ 2,478,465
NAIC net income nine months ended September 30, 2010	\$ 2,478,245
DOI statutory surplus as of September 30, 2010	\$ 23,910,447
NAIC statutory surplus as of September 30, 2010	\$ 23,910,447

2. Accounting Changes and Corrections of Errors

A. Starting in 2001, Coventry Healthcare of Louisiana, Inc. implemented the guidance within the NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001.

B. Initial Implementation of Codification:

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Louisiana. Effective January 1, 2001, the State of Louisiana required that insurance companies domiciled in the State of Louisiana prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001 subject to any deviations prescribed or permitted by the State of Louisiana insurance commissioner. Accounting changes adopted to conform to the provisions of the NAIC *Accounting Practices and Procedures* manual - Version effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that increased unassigned funds (surplus), of \$309,051 as of January 1, 2001. This total adjustment is an increase in unassigned funds of approximately \$309,051 related to deferred tax assets.

3. Business Combinations and Goodwill

No Change

4. Discontinued Operations

No Change

5. Investments

A. Mortgage Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

NOTES TO FINANCIAL STATEMENTS

D. Loan-Backed Securities

1. Carrying value for structured securities has been determined in accordance with the guidelines of the NAIC. Fair value is determined using a pricing hierarchy starting with a widely accepted pricing vendor, followed by external broker/dealers, Bloomberg analytic modeling and a benchmark to index model.
2. The Company uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-backed and asset-backed securities with inputs from major third party data providers. It combines the effects of interest rates, volatility, and pre-payment speeds based on various scenario (Monte Carlo) simulations with credit loss analysis and resulting effective analytics (spreads, duration, convexity) and cash-flows on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.
3. Credit risk concentrations are evaluated in our base security analysis through exposure stratification of the collateral attributes. The Company will then apply an appropriate credit default curve reflecting our forecasted expectations of future defaults and losses.
4. None
5. None
6. None
7. There are a number of factors that are considered in determining if there is not an other-than-temporary-impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream and economic prospects associated with the investment.
8. All investments in an unrealized loss position are evaluated for an other-than-temporary-impairment based on the severity level and length of time. As the magnitude of the loss increases so does the degree of analysis in determining if an other-than-temporary-loss exists.

E. Repurchase Agreements

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Instruments

No change

9. Income Taxes

No significant changes.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Names of the companies that directly or indirectly own or control the Company.

All outstanding shares of the Company are owned by Coventry Health Care, Inc (Parent). The Parent was incorporated in Delaware and has its corporate headquarters in Bethesda, Maryland.

B. Significant transactions by the Company with any affiliated company (excluding reinsurance transactions and cost allocation transactions).

1. Refer to page 39 of this Annual Statement (Schedule Y) for any significant transactions with affiliates.

C. Ownership of any investments in its parent, affiliates, or subsidiaries. NONE

D. Amounts due from related parties and due to related parties are as follows:

Due from Related Parties

Coventry Health and Life of Tennessee	\$ 22,018
Coventry Health Care Broker Services	\$138,068

Due to Related Parties

Coventry Health Care, Inc	\$ 78,563
Coventry Health and Life of Louisiana	\$ 292,352

NOTES TO FINANCIAL STATEMENTS

11. Debt

No Change

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

A. Defined Contribution Plan

The Company's employees are eligible to participate in a 401K defined contribution plan sponsored by the Parent. Employees become eligible to participate in the plan upon achievement of certain age and length of service requirements. Subject to certain limitations, employees may contribute up to 15% of their salary to the plan which the Company matches at a rate of 100% up to the first 3% and 50% of the next 3% of each employee's contribution to a maximum of 4.5% of their total salary. The Company's contribution for the plan was \$146,457 and \$147,102 for 2009 and 2008, respectively.

B. Multiemployer Plans - None

C. Consolidated/Holding Company Plans - None

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

(1) The Company has no authorized nor outstanding shares of common stock.

(2) The Company has no preferred stock outstanding.

(3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Louisiana, to the extent that net worth is greater than the minimum net worth requirement and retained earnings is a positive number.

(4) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(5) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(6) The total amount of advances to surplus not repaid is \$0.00.

(7) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:

- a. For conversion of preferred stock: 0 shares
- b. For employee stock options: 0 shares
- c. For stock purchase warrants: 0 shares

(8) No balances within special surplus funds.

(9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. Unrealized gains and losses	\$0
b. Non-admitted asset value	\$ 692,648
c. Separate account business	\$0
d. Asset valuation reserve	\$0
e. Reinsurance in unauthorized companies	\$0

(10) Surplus Notes – Not Applicable

(11) No quasi-reorganizations.

(12) No quasi-reorganizations.

14. Contingencies

No change

15. Leases

No change

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No change

NOTES TO FINANCIAL STATEMENTS

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

No change

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

No change

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

No change

20. Other Items

No change

21 Events Subsequent

None

22. Reinsurance

No change

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No change

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of September 30, 2010 were \$15,264,876. As of September 30, 2010, \$11,548,072 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$24,178 as a result of re-estimation of unpaid losses and loss adjustment expenses. Therefore, there has been \$ (741,727) of unfavorable/(favorable) prior year development since December 31, 2009. This increase/(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. There are no retrospectively rated contracts that are subject to redetermination.

25. Intercompany Pooling Arrangements

No change

26. Structured Settlements

No change

27. Health Care Receivables

No change

28. Participating Policies

No change

29. Premium Deficiencies Reserve

No change

30. Anticipated Salvage and Subrogation.

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No NA
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2005
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2005
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/27/2007
- 6.4 By what department or departments?
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

- 9.2 Has the code of ethics for senior managers been amended? Yes No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. 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 [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
WACHOVIA NATIONAL BANK.....	740 15TH ST NW, 3RD FLOOR, WASHINGTON, DC 20005.....
CITIBANK.....	111 WALL ST, NEW YORK, NY 10043.....

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes [] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
NASD 1512.....	CONNING.....	185 ASYLUM ST, CITY PLACE 11, HARTFORD, CT 06032.....
105900.....	NEW ENGLAND ASSET MANAGEMENT.....	POND VIEW CORPORATE CENTER, 76 BATTERSON PARK RD., FARMINGTON, CT 06032.....
104594.....	EVERGREEN.....	22 WATER ST, SUITE 500 JACKSONVILLE, FL 32202.....

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent 82.1 %

1.2 A&H cost containment percent 0.2 %

1.3 A&H expense percent excluding cost containment expenses 82.3 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

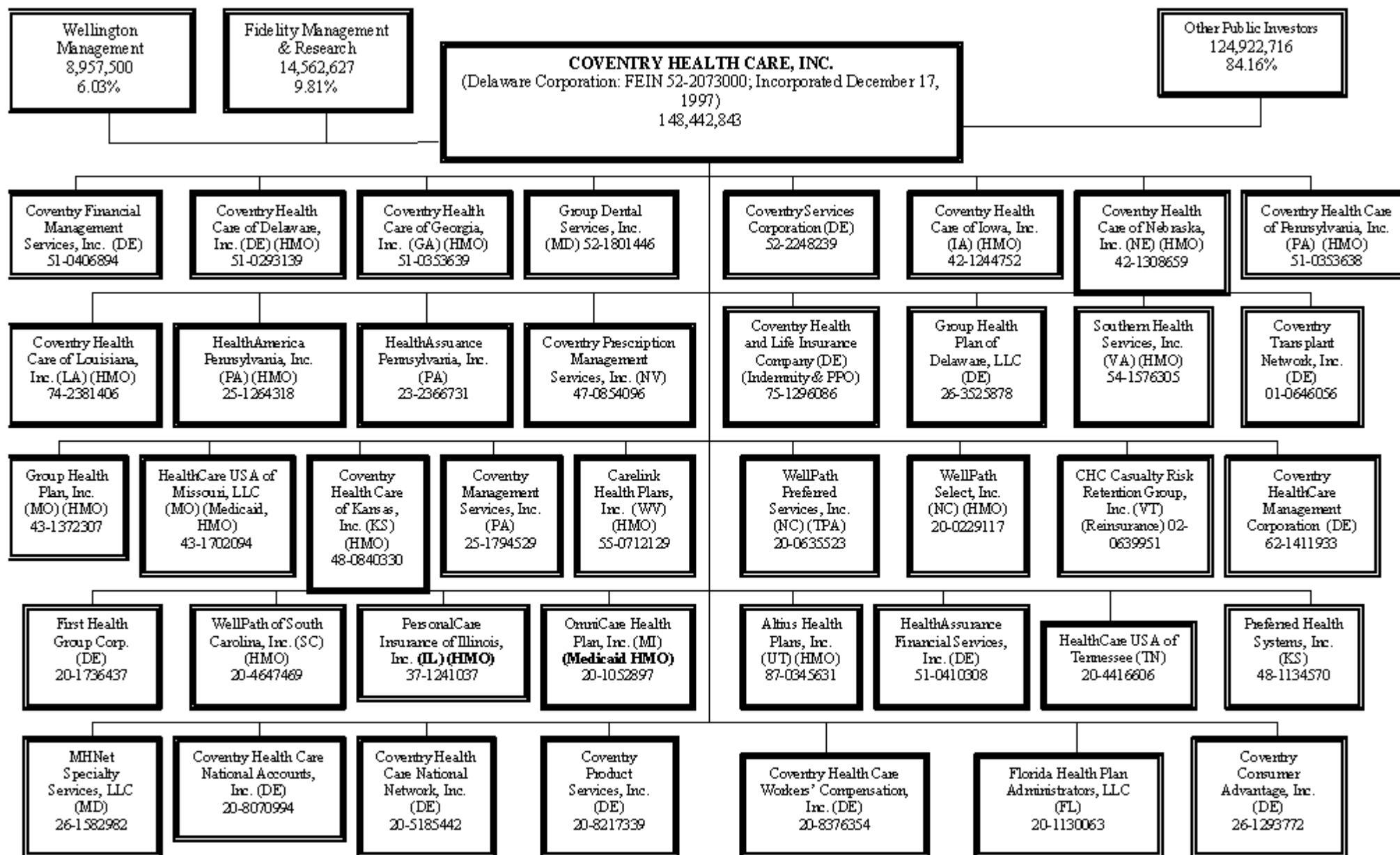
Current Year to Date - Allocated by States and Territories

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 Program 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	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	L	94,950,827			9,767,279			104,718,106	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	
59. Subtotal	XXX		94,950,827	0	0	9,767,279	0	0	104,718,106	
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1		94,950,827	0	0	9,767,279	0	0	104,718,106	
DETAILS OF WRITE-INS										
5801.	XXX								0	
5802.	XXX								0	
5803.	XXX								0	
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	0	0	0	0	0	0	

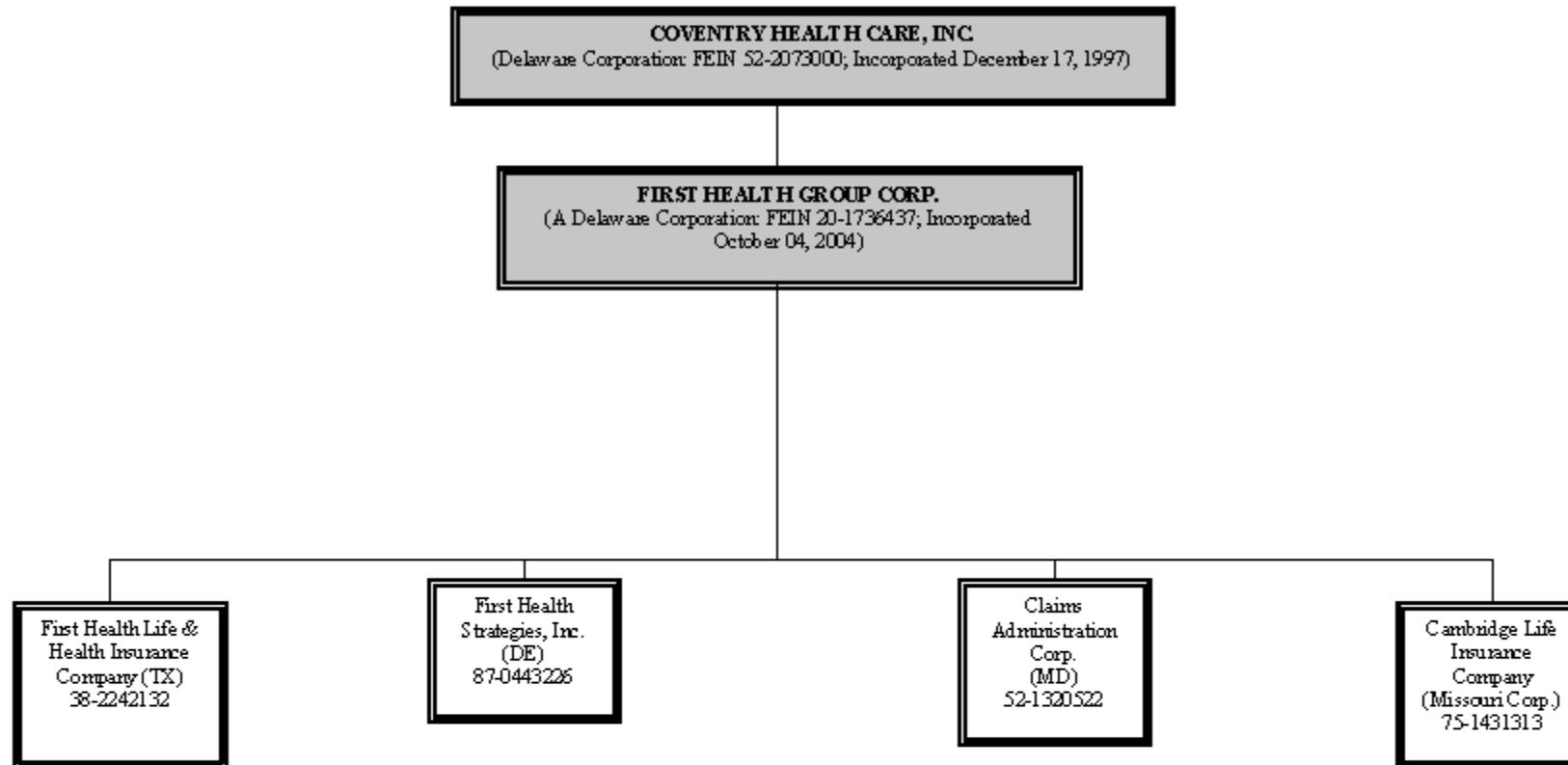
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

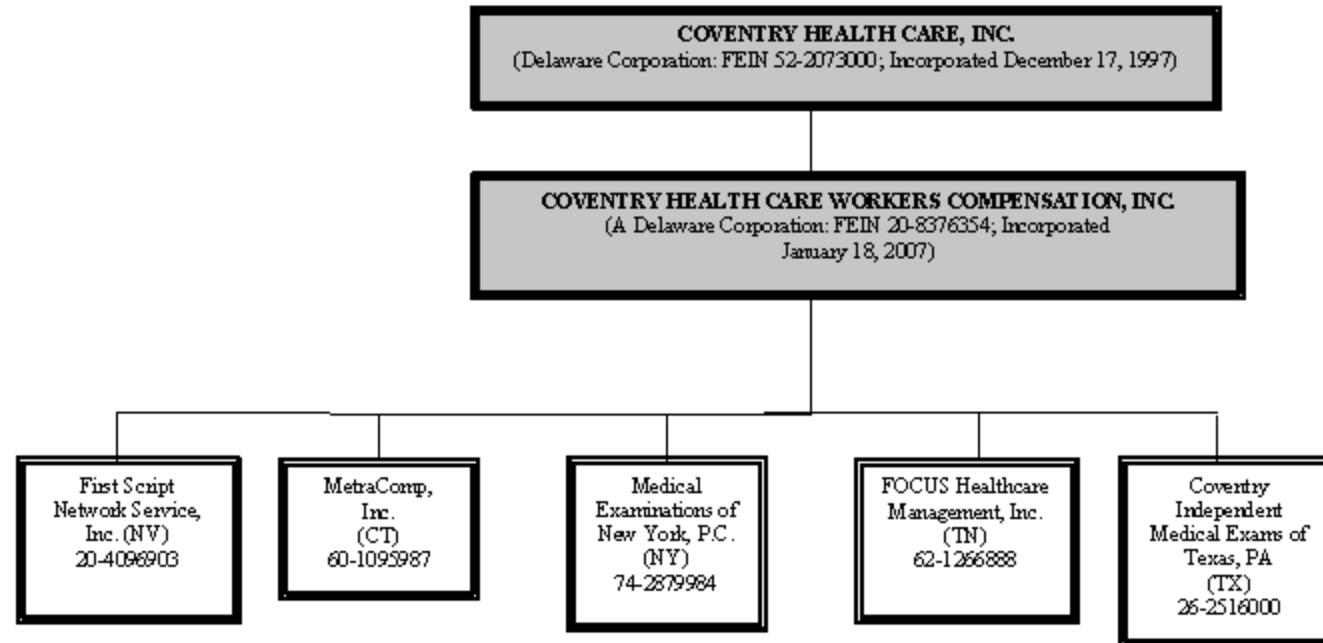
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



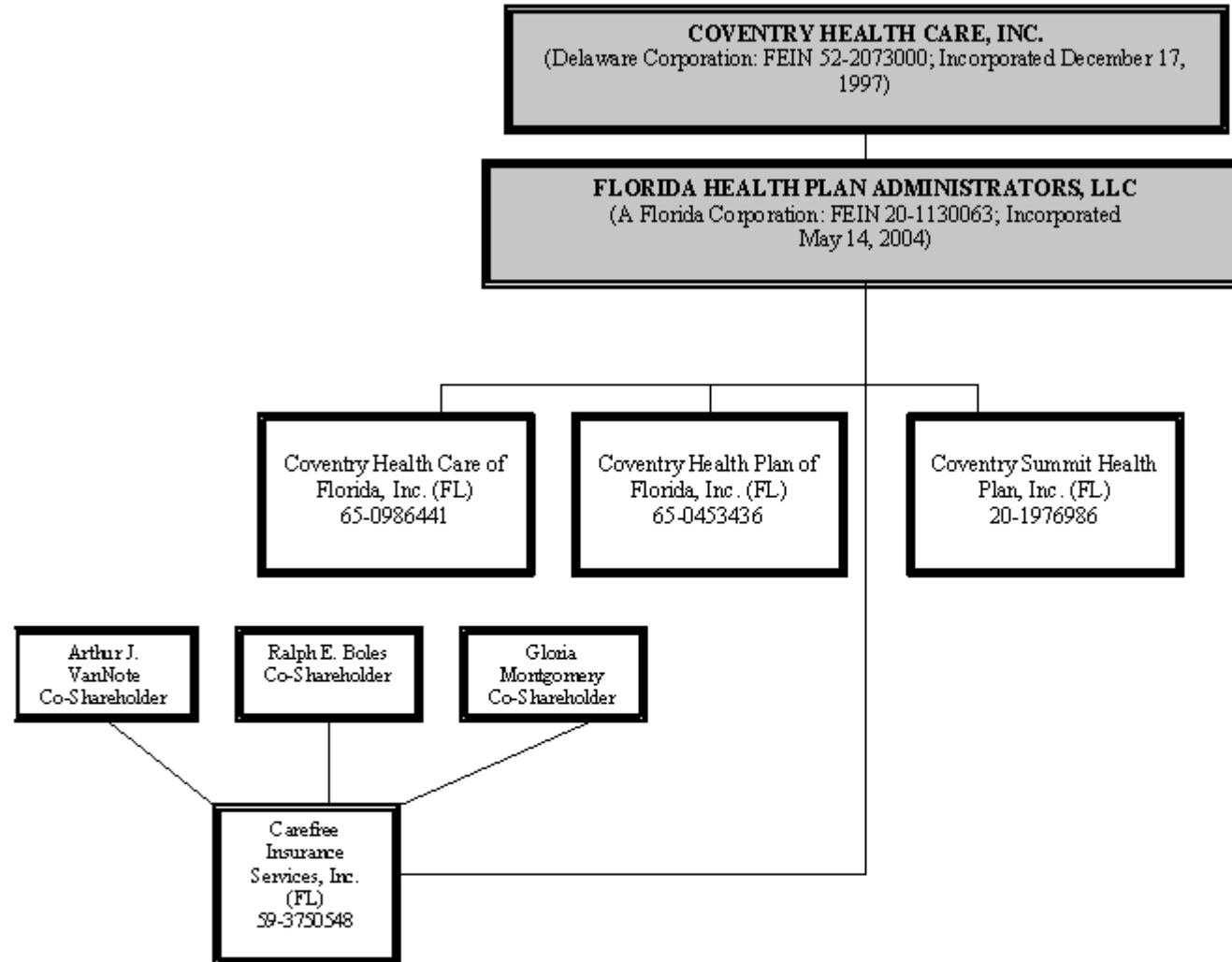
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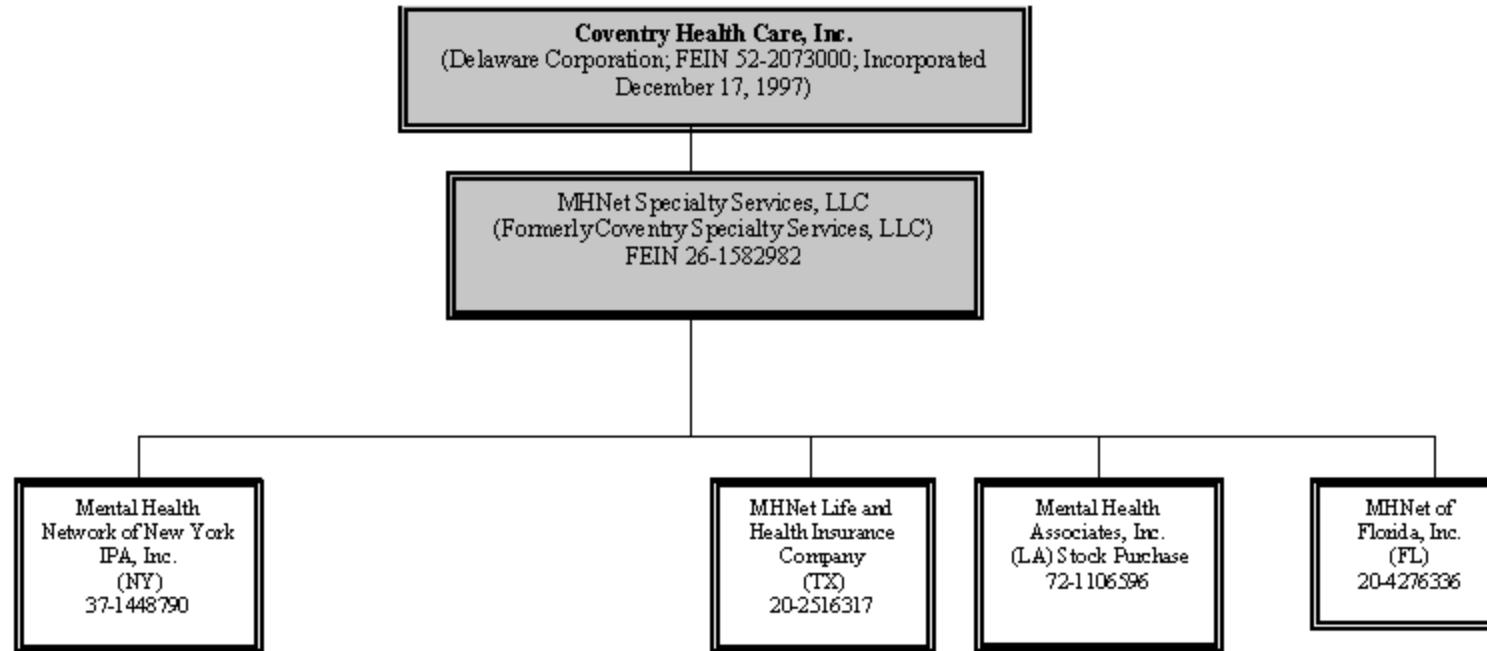
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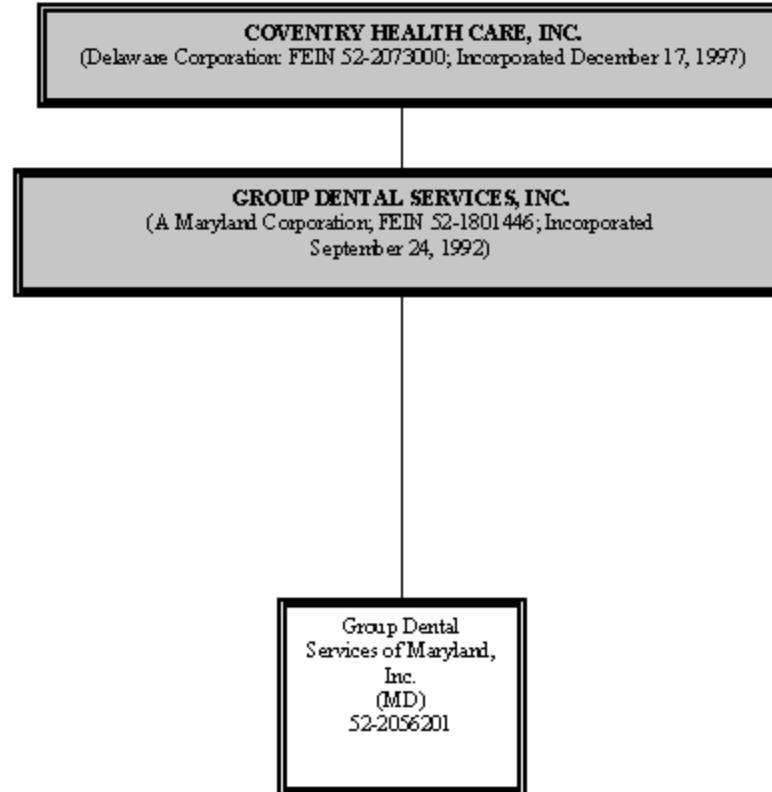
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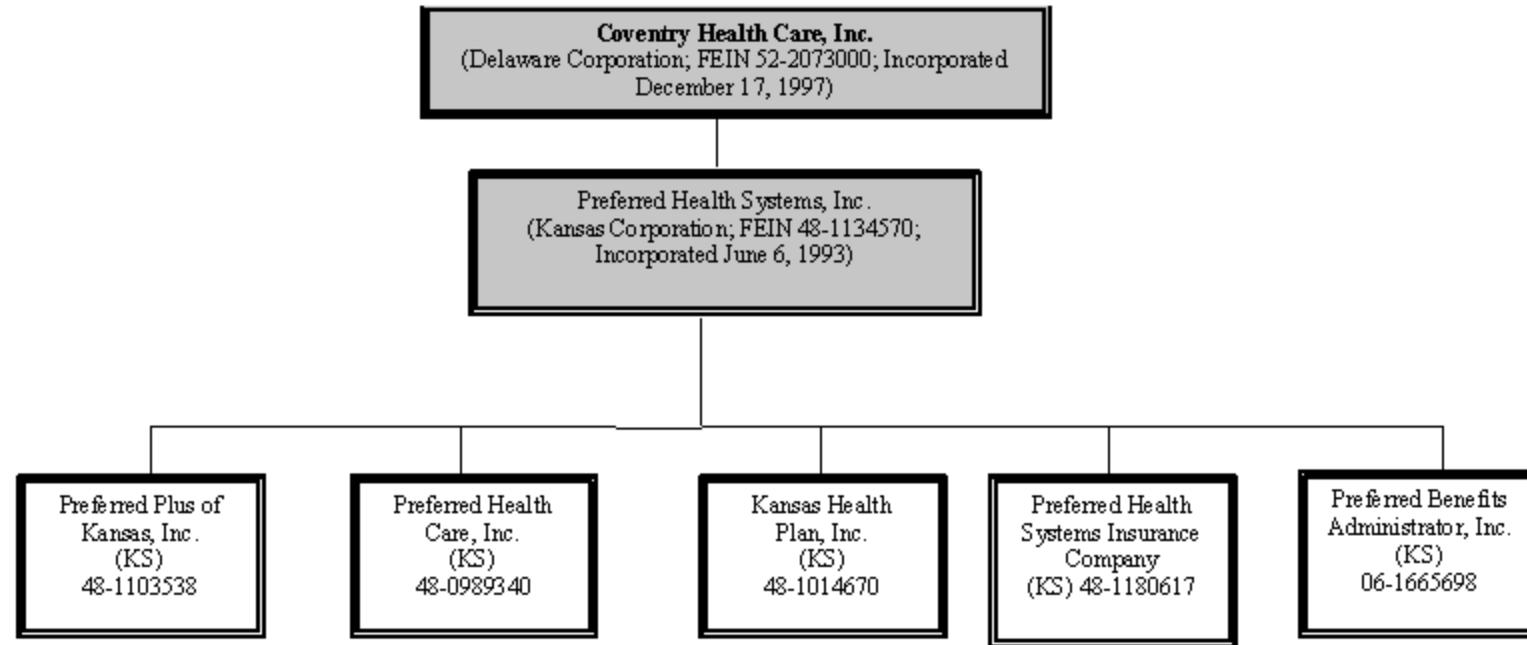
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PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances	NONE	0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		0
2.2. Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)	NONE	0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		0
2.2. Additional investment made after acquisition		0
3. Capitalized deferred interest and other	NONE	0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	28,054,617	29,605,229
2. Cost of bonds and stocks acquired	9,844,380	4,164,028
3. Accrual of discount	6,871	13,981
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	9,312	(33,784)
6. Deduct consideration for bonds and stocks disposed of	2,838,446	5,448,930
7. Deduct amortization of premium	202,650	245,907
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	34,874,084	28,054,617
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	34,874,084	28,054,617

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	44,827,492	19,658,335	20,535,556	(68,761)	41,345,153	44,827,492	43,881,510	41,328,755
2. Class 2 (a).....	526,062	0	525,894	(168)	1,412,021	526,062	0	1,891,236
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	0	0	0	0	0	0
5. Class 5 (a).....	0	0	0	0	0	0	0	0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	45,353,554	19,658,335	21,061,450	(68,929)	42,757,174	45,353,554	43,881,510	43,219,991
PREFERRED STOCK								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	45,353,554	19,658,335	21,061,450	(68,929)	42,757,174	45,353,554	43,881,510	43,219,991

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 9,007,428 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	5,373,568	XXX	5,373,568	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	8,516,848	11,129,080
2. Cost of short-term investments acquired	46,242,022	77,843,106
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	49,385,302	80,455,338
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	5,373,568	8,516,848
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	5,373,568	8,516,848

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 8, prior year)	.....
2. Cost (Paid)/Consideration Received on additions	.....
3. Unrealized Valuation increase/(decrease)	.....
4. Total gain (loss) on termination recognized	.....
5. Considerations received/(paid) on terminations	.....
6. Amortization	.....
7. Adjustment to the Book/Adjusted Carrying Value of hedged item	.....
8. Total foreign exchange change in Book/Adjusted Carrying Value	.....
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8)	.....	0
10. Deduct nonadmitted assets	.....
11. Statement value at end of current period (Line 9 minus Line 10)	.....	0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year	.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)	.....	0
3.1 Change in variation margin on open contracts	.....
3.2 Add:		
Change in adjustment to basis of hedged item		
3.21 Section 1, Column 16, current year to date minus	.....	0
3.22 Section 1, Column 16, prior year	.....	0
Change in amount recognized		
3.23 Section 1, Column 15, current year to date minus	.....	0
3.24 Section 1, Column 15, prior year	.....	0
3.3 Subtotal (Line 3.1 minus Line 3.2)	.....	0
4.1 Variation margin on terminated contracts during the year	.....
4.2 Less:		
4.21 Amount used to adjust basis of hedged item	.....
4.22 Amount recognized	.....	0
4.3 Subtotal (Line 4.1 minus Line 4.2)	.....	0
5. Dispositions gains (losses) on contracts terminated in prior year:		
5.1 Recognized	.....
5.2 Used to adjust basis of hedged items	.....
6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	.....	0
7. Deduct total nonadmitted amounts	.....
8. Statement value at end of current period (Line 6 minus Line 7)	.....	0

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions									0	0
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria									0	0
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

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SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....	0	
2. Part B, Section 1, Net Broker Cash Deposit Write-in (Footnote).....		
3. Part B, Section 1 Column 17.....	0	
4. Subtotal (Line 2 minus Line 3).....	0	
5. Total (Line 1 plus Line 4).....		0
6. Part D, Column 5.....	0	
7. Part D, Column 6.....	0	
8. Total (Line 5 minus Line 6 minus Line 7).....		0

Fair Value Check

9. Part A, Section 1, Column 16.....	0	
10. Part B, Section 1, Column 2 (Number of Contracts) multiplied by Column 12 (Reporting Date Price).....		
11. Total (Line 9 plus Line 10).....		0
12. Part D, Column 8.....	0	
13. Part D, Column 9.....	0	
14. Total (Line 11 minus Line 12 minus Line 13).....		0

Potential Exposure Check

15. Part A, Section 1, Column 21.....	0	
16. Part B, Section 1, Column 18.....	0	
17. Part D, Column 11.....	0	
18. Total (Line 15 plus Line 16 minus Line 17).....		0

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	6,648,526	12,964,258
2. Cost of cash equivalents acquired	33,139,762	103,756,144
3. Accrual of discount	2	6,644
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(43)
6. Deduct consideration received on disposals	36,154,430	110,078,468
7. Deduct amortization of premium	0	9
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	3,633,860	6,648,526
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,633,860	6,648,526

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE Coventry Health Care of Louisiana, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions																					
546415-TH-3	LOUISIANA ST		08/01/2010	MATURITY		500,000	500,000	550,470	505,735	0	(5,735)	0	(5,735)	0	500,000	0	0	0	25,000	08/01/2010	1FE
1799999 - Totals - Bonds - U.S. States, Territories and Possessions						500,000	500,000	550,470	505,735	0	(5,735)	0	(5,735)	0	500,000	0	0	0	25,000	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3128K4-L2-9	FG A43945		09/01/2010	MBS PAYMENT		3,835	3,835	3,920	3,844	0	(9)	0	(9)	0	3,835	0	0	0	147	06/01/2035	1
31292H-VU-5	FG C01527		09/01/2010	MBS PAYMENT		4,478	4,478	4,557	4,488	0	(10)	0	(10)	0	4,478	0	0	0	167	02/01/2032	1
31295V-H7-8	FG A00254		09/01/2010	MBS PAYMENT		21	21	22	20	0	0	0	0	21	0	0	0	0	1	08/01/2018	1
31295V-L0-1	FG A00335		09/01/2010	MBS PAYMENT		140	140	147	142	0	(1)	0	(1)	140	0	0	0	0	9	02/01/2015	1
31295W-HY-7	FG A01147		09/01/2010	MBS PAYMENT		348	348	357	349	0	(1)	0	(1)	348	0	0	0	0	20	11/01/2016	1
312966-CG-7	FG 813671		09/01/2010	MBS PAYMENT		9,761	9,761	9,724	9,754	0	7	0	7	0	9,761	0	0	0	325	10/01/2018	1
31341H-D6-9	FH 256425		09/15/2010	VARIOUS		360	360	396	362	0	(1)	0	(1)	360	0	0	0	0	33	01/01/2013	1
31361L-PX-3	FN 34638		09/01/2010	MBS PAYMENT		506	506	531	508	0	(2)	0	(2)	506	0	0	0	0	33	03/01/2014	1
31362E-3Y-0	FN 59315		09/01/2010	MBS PAYMENT		741	741	765	743	0	(2)	0	(2)	741	0	0	0	0	46	02/01/2014	1
31371M-GA-9	FN 255893		09/01/2010	MBS PAYMENT		13,897	13,897	13,825	13,886	0	11	0	11	0	13,897	0	0	0	516	03/01/2025	1
31373U-E3-7	FN 303554		09/01/2010	MBS PAYMENT		563	563	614	568	0	(5)	0	(5)	563	0	0	0	0	45	07/01/2014	1
31403C-6U-0	FN 745283		09/01/2010	MBS PAYMENT		17,989	17,989	17,353	17,908	0	80	0	80	0	17,989	0	0	0	667	02/01/2035	1
31405E-G3-3	FN 786918		09/01/2010	MBS PAYMENT		7,414	7,414	7,647	7,464	0	(49)	0	(49)	0	7,414	0	0	0	242	04/01/2019	1
31407H-3F-1	FN 831598		09/01/2010	MBS PAYMENT		17,014	17,014	16,770	16,994	0	20	0	20	0	17,014	0	0	0	695	10/01/2035	1
31407Y-AN-9	FN 844313		09/01/2010	MBS PAYMENT		720	720	724	721	0	(1)	0	(1)	0	720	0	0	0	29	07/01/2035	1
31408D-W6-7	FN 848569		09/01/2010	MBS PAYMENT		15,556	15,556	15,925	15,678	0	(122)	0	(122)	0	15,556	0	0	0	638	08/01/2035	1
31410Q-LX-7	FN 894142		09/01/2010	MBS PAYMENT		16,403	16,403	15,796	16,315	0	88	0	88	0	16,403	0	0	0	556	05/01/2036	1
31418T-MC-8	FN AD5754		09/01/2010	MBS PAYMENT		2,534	2,534	2,564	2,534	0	(1)	0	(1)	0	2,534	0	0	0	29	04/01/2040	1
546405-BX-8	LOUISIANA ST OFFICE FACS CORP		08/16/2010	RAYMOND JAMES		535,206	525,000	534,923	526,682	0	(788)	0	(788)	0	525,894	0	9,312	9,312	18,900	05/01/2011	2Z
3199999 - Totals - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						647,486	637,280	646,560	636,426	0	(786)	0	(786)	0	638,174	0	9,312	9,312	23,098	XXX	XXX
8399997 - Total - Bonds - Part 4						1,147,486	1,137,280	1,197,030	1,142,161	0	(6,521)	0	(6,521)	0	1,138,174	0	9,312	9,312	48,098	XXX	XXX
8399999 - Total - Bonds						1,147,486	1,137,280	1,197,030	1,142,161	0	(6,521)	0	(6,521)	0	1,138,174	0	9,312	9,312	48,098	XXX	XXX
9999999 Totals						1,147,486	XXX	1,197,030	1,142,161	0	(6,521)	0	(6,521)	0	1,138,174	0	9,312	9,312	48,098	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0.

EOS

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
OMNI BANK CERT DEPOS		.000	.0	.0	100,000	100,000	100,000	XXX
METAIRIE BANK CD		.000	.0	.0	100,000	100,000	100,000	XXX
WHITNEY BANK CERT DEPOS		.000	.0	.0	200,000	200,000	200,000	XXX
JPMORGAN CHASE BANK CD		.000	.0	.0	100,000	100,000	100,000	XXX
BANK OF LOUISIANA CERT DEPOS		.000	.0	.0	100,000	100,000	100,000	XXX
WACHOVIA					100,510	54,524	10,037	XXX
CITIBANK					(3,013,269)	(279,307)	(3,449,433)	XXX
INTEREST RECEIVED DURING QTR ON DISPOSED HOLDINGS		.000	.0	.0	.0	.0	.0	XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999 Total Open Depositories	XXX	XXX	0	0	(2,312,760)	375,217	(2,839,396)	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999 Total Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	(2,312,760)	375,217	(2,839,396)	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	650	650	650	XXX
0599999 Total Cash	XXX	XXX	0	0	(2,312,110)	375,867	(2,838,746)	XXX

