

HEALTH QUARTERLY STATEMENT

As of March 31, 2014 of the Condition and Affairs of the

PHYSICIANS UNITED PLAN, INC.

			,
NAIC Group Code , (Current Period) (Prior P	NAIC Company Co	de 10775	Employer's ID Number 20-2505788
Organized under the Laws of Florida	,	r Port of Entry Florida	Country of Domicile US
Licensed as Business Type Health Ma	intenance Organization	Is HMO Federally Qualified	d? Yes[] No[X]
Incorporated/Organized February 2	2, 2005	Commenced Business	January 1, 2006
Statutory Home Office		e 500 Orlando FL Town, State, Country and Zip Code)	. 32819
Main Administrative Office	8427 SouthPark Circle, Suit	e 500 Orlando FL Town, State, Country and Zip Code)	. 32819 866-571-0693 (Area Code) (Telephone Numb
Mail Address	8427 SouthPark Circle, Suit	e 500 Orlando FL Town, State, Country and Zip Code)	
Primary Location of Books and Record	(Street and Number) (City or	e 500 Orlando FL Town, State, Country and Zip Code)	. 32819 866-571-0693 (Area Code) (Telephone Numb
Internet Web Site Address	www.uaskpup.com		407 045 0540
Statutory Statement Contact	Aaron Swain Henry (Name)		407-215-2513 (Area Code) (Telephone Number) (Extension
	ahenry@pupcorp.com (E-Mail Address)		407-226-1922 (Fax Number)
	OF	FICERS	
Name	Title	Name	Title
Sandeep (NMN) Bajaj M.D. #	President & CEO	Imtiaz Haseeb Sattaur	Co-President & CEO
Darilu Debi	EVP, CAO, Secretary	THER	
•	DIRECTORS Rohini (NMN) Bajaj M.D. Rudolph Guy Moise M.D.	S OR TRUSTEES Sandeep (NMN) Bajaj M.D. Kevin Patrick Enterlein	Michael Joseph Barimo D.O.
tated above, all of the herein described asse- erein stated, and that this statement, togeth of all the assets and liabilities and of the con- erefrom for the period ended, and have been anual except to the extent that: (1) state law rocedures, according to the best of their info	ets were the absolute property of the er with related exhibits, schedules a dition and affairs of the said reporting en completed in accordance with the w may differ; or, (2) that state rules of primation, knowledge and belief, resp	said reporting entity, free and clear the explanations therein contained, and gentity as of the reporting period state. NAIC Annual Statement Instructions or regulations require differences in respectively. Furthermore, the scope of the explanations of the scope of the explanations.	nnexed or referred to, is a full and true statement ted above, and of its income and deductions and Accounting Practices and Procedures porting not related to accounting practices and this attestation by the described officers also
ncludes the related corresponding electronic inclosed statement. The electronic filing ma			matting differences due to electronic filing) of the ed statement.
(Signature)	(Signature)	(Signature)
Sandeep (NMN) Bajaj M.D.		Haseeb Sattaur	Darilu Debi
 (Printed Name) President & CEO 	·	Printed Name) esident & CEO	(Printed Name)EVP, CAO, Secretary
(Title)		(Title)	(Title)
Subscribed and sworn to before me		a. Is this an original filing?	Yes [X] No []
This day of		b. If no: 1. State the amendment no	
		Date filed	

3. Number of pages attached

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **ASSETS**

	AUUL			,	
		1	Current Statement Date	3	4
		·	Nonadmitted	Net Admitted Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	78,715		78,715	78,715
2.	Stocks:				
	2.1 Preferred stocks			0	
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens			0	
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5	Cash (\$16.968,165), cash equivalents (\$1.506,973)				
5.	and short-term investments (\$15,462,396)				
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives			0	
8.	Other invested assets			0	
9.	Receivables for securities			0	
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)			34,016,249	
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	14,764		14,764	4,913
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	101,375		101,375	440,694
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums	27,497,699		27,497,699	14,909,756
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	(63.995
	16.2 Funds held by or deposited with reinsured companies				,
	16.3 Other amounts receivable under reinsurance contracts				
47					
	Amounts receivable relating to uninsured plans				1,479,937
18.1	Current federal and foreign income tax recoverable and interest thereon			403,732	403,732
18.2	Net deferred tax asset	5,396,457	4,331,225	1,065,232	1,065,232
19.	Guaranty funds receivable or on deposit			0	
20.	Electronic data processing equipment and software	728,298	397,199	331,099	319,767
21.	Furniture and equipment, including health care delivery assets (\$0)	197,666	197,666	0	
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
23.	Receivables from parent, subsidiaries and affiliates			0	
24.	Health care (\$45,805,675) and other amounts receivable			45,805,675	
25.	Aggregate write-ins for other than invested assets			9,236	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	117,850,204	7,125,206	110,724,998	97,079,843
	DETAILS OF W	RITE-INS	1	г	
1101				0	
	Summary of remaining write-ins for Line 11 from overflow page				
	. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)				
	Prepaid Expenses		1,222,166		
2502	Security Deposits	596,162	596,162	0	
2503	Misc AR	9,236		9,236	57,090
		1		0	•
	Summary of remaining write-ins for Line 25 from overflow page	0	0	U	

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. LIABILITIES, CAPITAL AND SURPLUS Current Period Prior Year 1 2 3 4

		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)	82,421,652		82,421,652	72,459,427
2.	Accrued medical incentive pool and bonus amounts	4,221,532		4,221,532	4,944,580
3.	Unpaid claims adjustment expenses	722,897		722,897	239,401
4.	Aggregate health policy reserves, including the liability of \$0 for				
	medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	6,343,477		6,343,477	5,147,004
10.1	Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))			0	
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates			0	
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0 unauthorized reinsurers and certified \$0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified (\$0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including \$0 current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	96,184,908	0	96,184,908	85,314,926
25.	Aggregate write-ins for special surplus funds	XXX	XXX	874,000	0
26.	Common capital stock	XXX	XXX	16	16
27.	Preferred capital stock	XXX	XXX	74,670	74,670
28.	Gross paid in and contributed surplus	XXX	XXX	9,775,671	9,775,671
29.	Surplus notes	XXX	XXX	18,050,000	18,050,000
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	(14,234,267)	(16,135,440)
32.	Less treasury stock, at cost:				
	32.10.000 shares common (value included in Line 26 \$0)	XXX	XXX		
	32.20.000 shares preferred (value included in Line 27 \$0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	14,540,090	11,764,917
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	110,724,998	97,079,843
	DETAILS (OF WRITE-INS			
2301.				0	
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	Special Surplus for 2014 ACA Fee	XXX	XXX	874,000	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	874,000	0
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVE	Curre	nt Year Date	Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
1.	Member months	Uncovered	Total149,890	Total101,222	Total433,986
2.	Net premium income (including \$0 non-health premium income)			90,858,925	
3.	Change in unearned premium reserves and reserve for rate credits				, ,
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
Hosp	ital and Medical:				
9.	Hospital/medical benefits		40,438,743	28,155,229	130,288,219
10.	Other professional services		3,110,673	2,167,055	10,022,171
11.	Outside referrals		3,998,333	3,095,390	12,882,095
12.	Emergency room and out-of-area		29,640,155	21,667,366	95,496,614
13.	Prescription drugs		18,640,426	12,341,454	53,181,832
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			6,436,469	4,944,364
16.	Subtotal (Lines 9 to 15)	0	100,062,376	73,862,963	306,815,295
Less					
17.	Net reinsurance recoveries		(177,004)	188,439	1,068,579
18.	Total hospital and medical (Lines 16 minus 17)	0	100,239,380	73,674,524	305,746,716
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$4,506,521 cost containment expenses		6,932,694	2,961,492	12,540,349
21.	General administrative expenses		14,317,501	8,984,407	51,891,806
22.	Increase in reserves for life and accident and health contracts (including				
	\$0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)			85,620,423	370,178,871
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	743,685	5,238,502	4,799,540
25.	Net investment income earned		43,015	50,315	140,374
26.	Net realized capital gains (losses) less capital gains tax of \$0.				
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	43,015	50,315	140,374
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses		0	0	0
	Net income or (loss) after capital gains tax and before all other federal income				
30.	taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	786,700	5,288,817	4,939,914
31.	Federal and foreign income taxes incurred	XXX			62,356
32.	Net income (loss) (Lines 30 minus 31)	XXX	786,700	5,288,817	4,877,558
	DETAILS OF	WRITE-INS			
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)		0	0	0
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)				0
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			0	0
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)			0	0

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EXPE	1 Current Year	2 Prior Year	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT	to Date	To Date	Ended December 31
33. Cap	oital and surplus prior reporting year	11,764,917	7,633,609	7,633,609
34. Net	income or (loss) from Line 32	786,700	5,288,817	4,877,558
35. Cha	ange in valuation basis of aggregate policy and claim reserves			
36. Cha	ange in net unrealized capital gains (losses) less capital gains tax of \$0			
37. Cha	ange in net unrealized foreign exchange capital gain or (loss)			
38. Cha	ange in net deferred income tax			(1,281,875
39. Cha	ange in nonadmitted assets	1,988,473	(710,525)	530,768
40. Cha	ange in unauthorized and certified reinsurance			
41. Cha	ange in treasury stock			
42. Cha	ange in surplus notes			
43. Cum	nulative effect of changes in accounting principles			
44. Cap	oital changes:			
44.1	1 Paid in			4,857
44.2	2 Transferred from surplus (Stock Dividend)			
44.3	3 Transferred to surplus			
45. Surp	plus adjustments:			
45.1	1 Paid in			
45.2	2 Transferred to capital (Stock Dividend)			
45.3	3 Transferred from capital			
46. Divid	dends to stockholders			
47. Agg	gregate write-ins for gains or (losses) in surplus	0	0	0
48. Net	change in capital and surplus (Lines 34 to 47)	2,775,173	4,578,292	4,131,308
49. Cap	pital and surplus end of reporting period (Line 33 plus 48)	14,540,090	12,211,901	11,764,917
	DETAILS OF WRITE-INS			
1701. Corr	rection of Prior Year Non-admitted asset			
1703				
	nmary of remaining write-ins for Line 47 from overflow page		0	
	als (Lines 4701 thru 4703 plus 4798) (Line 47 above)		0	

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **CASH FLOW**

	CASH FLOW	1 1	2	3
		Current Year	Prior Year	Prior Year Ended
		to Date	To Date	December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	109,984,636	82,993,263	367,802,525
2.	Net investment income		54,199	148,413
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)	110,017,799	83,047,462	367,950,938
5.	Benefit and loss related payments	92,344,524	72,647,849	294,645,927
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	19,570,226	14,531,405	65,031,979
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)		160,000	589,998
10.	Total (Lines 5 through 9)	111,914,750	87,339,254	360,267,904
11.	Net cash from operations (Line 4 minus Line 10)	(1,896,951)	(4,291,792)	7,683,034
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			756,314
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):		•	
	13.1 Bonds		973	79 986
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets.			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
11	Net increase or (decrease) in contract loans and premium notes	i i		
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
15.			(973)	070,320
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes.			
	16.2 Capital and paid in surplus, less treasury stock			4,857
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	637,252	(675,856)	484,579
R	ECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(1,259,699)	(4,968,621)	8,843,941
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year		26,353,292	26,353,292
	19.2 End of period (Line 18 plus Line 19.1)	22 027 524	04 004 074	0= 40= 000

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

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Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

Г	1 Comprehensive (Hospital & Medical) 4 5 6 7 8 9 10											
			2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX		
L		Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other	
1	otal Members at End of:											
	1. Prior Year	38,884							38,884			
	2. First Quarter	49,976							49,976			
	3. Second Quarter	0										
	4. Third Quarter	0										
	5. Current Year	0										
	6. Current Year Member Months	149,890							149,890			
1	otal Member Ambulatory Encounters for Period:											
	7. Physician	174,641							174,641			
	8. Non-Physician	47,865							47,865			
0	9. Total	222,506	0	0	0	0	0	0	222,506	0	0	
	10. Hospital Patient Days Incurred	15,459		<u></u>					15,459			
	11. Number of Inpatient Admissions	3,014		<u></u>					3,014	<u></u>		
	12. Health Premiums Written (a)	122,233,260							122,233,260			
	13. Life Premiums Direct	0										
	14. Property/Casualty Premiums Written	0										
	5. Health Premiums Earned	122,233,260							122,233,260			
	6. Property/Casualty Premiums Earned	0										
	17. Amount Paid for Provision of Health Care Services	90,100,151							90,100,151			
	18. Amount Incurred for Provision of Health Care Services	100,062,376							100,062,376			

⁽a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....122,233,260.

Statement as of March 31, 2014 of the $\,$ PHYSICIANS UNITED PLAN, INC.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0399999. Aggregate Accounts Not Individually Listed-Covered	19,057,861	1,880,432	190,156			21,128,449					
0399999. Äggrègate Accounts Not Individually Listed-Covered	19,057,861	1,880,432	190,156	0	0	21,128,449					
0599999. Unreported Claims and Other Claim Reserves						61,293,203					
0799999. Total Claims Unpaid						82,421,652					
0899999. Accrued Medical Incentive Pool and Bonus Amounts						4,221,532					

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

	Analysi	is of Claims Unpaid - Pri					
		Claims Paid	Year to Date	Liability End of	Current Quarter	5	6
	Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1	Comprehensive (hospital and medical)					0	
9	2. Medicare Supplement						
'	wedcare Supplieries.						
1	N. Berthad						
3	3. Dental only					0	
4	l. Vision only					0	
	5. Federal Employees Health Benefits Plan					0	
1 6	6. Title XVIII - Medicare	51.232.542	76.233.358	17,097,540	65.324.112	68.330.082	72.459.427
		,,	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_,,
- 1 -	7. Title XIX - Medicaid					0	
- '	THE AIA - Wedicalu						
Ι,							
1	3. Other health					0	
7							
	9. Health subtotal (Lines 1 to 8)	51,232,542	76,233,358	17,097,540	65,324,112	68,330,082	72,459,427
1	Healthcare receivables (a)		42,004,464			0	
1	1. Other non-health					0	
'							
1	Medical incentive pools and bonus amounts	4 944 580	50/1 187		A 221 532	4 944 580	4 944 580
'	2. Inicalcal incontino pools and portus amounts.	,344,300					,344,300
	0. Title (1500, 0.40, 44, 40)	50.477.400	04.000.004	47.007.540	00 545 044	70.074.000	77 101 00-
1	3. Totals (Lines 9-10+11+12)	56,1//,122	34,823,081	17,097,540		1	

⁽a) Excludes \$.....4,181,999 loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies

A. Accounting Practices

Basis of Financial Statement Presentation

The Company, domiciled in the State of Florida, prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the Florida Department of Financial Services. Prescribed statutory accounting practices (SAP) include the NAIC Accounting Practices and Procedures Manual (NAIC SAP) and other publications of the National Association of Insurance Commissioners (NAIC), as well as the state laws, regulations and administrative rules of the Florida Office of Insurance Regulations. Statutory accounting and reporting varies from accounting principles generally accepted in the United States (GAAP). The more significant differences from GAAP are as follows:

<u>Policy Acquisitions Costs</u> – NAIC SAP requires the costs of acquiring and renewing business to be expensed when incurred. Under GAAP, such costs, to the extent recoverable, are deferred and amortized over the effective period of the related insurance policies.

Non-Admitted Assets – NAIC SAP excludes certain assets not available for the payment of claims such as past due unpaid premiums, prepaid expenses, certain other healthcare receivables, and furniture and equipment. GAAP records all assets owned by the Company at cost or recoverable amounts.

Reinsurance – NAIC SAP requires that a liability for reinsurance balances be provided for unsecured unearned premiums and unpaid losses ceded to reinsurers authorized to assume such business, and for certain overdue reinsurers balances. Changes to those amounts are credited or charged directly to unassigned surplus. Under GAAP, an allowance for amounts deemed uncollectible would be established through a charge to earnings.

NAIC SAP reports reserves for losses, loss adjustment expenses and unearned premiums ceded to reinsurers as reductions of the related reserves rather than as assets as required by GAAP.

<u>Deferred Income Taxes</u> – NAIC SAP recognizes all deferred tax liabilities and only deferred tax assets that will be realized within one year. GAAP recognizes deferred income taxes on temporary timing differences between GAAP and tax accounting with valuation allowance against deferred tax assets that may not be recoverable.

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the NAIC and the state of Florida and completed in accordance with the NAIC SAP, except for the following item(s) - None - which resulted in no changes to net income and surplus.

The deviations are as follows: None.

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Accrued Medicare Premiums

Insurance premium revenue is recorded on accrual basis of accounting and is recognized as revenues in the period enrolled members are entitled to receive health care services. The services are reported at the estimated net realized amount of the contracted value of services with CMS. Revenue under third party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third party payor settlements are provided in the period related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

Medical Service Cost

Medical service costs are accrued as services are rendered, including an estimate for claims incurred but not yet reported which is determined using certain actuarial reports, management estimates and other statistics. The liability for claims payable includes claims in process and an estimate for incurred but not yet reported claims (IBNR). Although the degree of variability inherent in the estimate of IBNR is significant and subject to change in the near term, management believes that the estimate is adequate. The IBNR and other expense payments are developed using actuarial methods and assumptions based upon payment patterns, medical costs inflation, historical development and other relevant factors. Estimates of future payments related to services incurred in the current and prior periods are continually reviewed and as adjustments to the reserve become necessary, such adjustments are reflected in current operations. The Company retained the services of a licensed actuary firm to certify the reasonableness of the IBNR.

Reinsurance

The Company has an agreement with an insurance company to provide reinsurance for members' claims. The reinsurance has a \$200,000 attachment point per member. The policy has a combined eligible facility and professional cost coverage agreement with a maximum of \$1,500,000 per member per policy period. The cost of reinsurance is netted against policy premiums. The reinsurance ceded was \$548,017 for the year ended March 31, 2014.

In addition, the Company uses the following accounting policies:

- Short-term Investments: NAIC SAP considers all debt instruments with a maturity of one year or less at date of purchase to be short-term investments. Short-term investments are stated at amortized cost. Changes in market value are not recognized until disposition or maturity.
- 2. Bonds: Bonds are stated at amortized cost. Changes in market value are not recognized until disposition or maturity.
- Common stocks: Not applicable.
- 4. Preferred stocks: Not applicable.
- 5. Mortgage loans: Not applicable.
- 6. Loan-backed securities: Not applicable.
- 7. Investments in subsidiaries, controlled and affiliated companies: Not applicable.
- 8. Investments in joint ventures, partnerships and limited liability companies: Not applicable.
- 9. Derivatives: Not applicable.
- 10. Investment income used as a factor in the premium deficiency calculation: Per SAP 54.
- 11. Estimated liabilities for losses and loss/claim adjustment expenses: Determined from individual case estimates and loss reports and an amount, based on past experience, for losses on IBNR. The methods for making such estimates are continually

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

reviewed and adjusted in the period determined.

- 12. Capitalization policy and the resultant predefined threshold changes: None.
- 13. Pharmaceutical rebate receivables: The Company accrues the pharmaceutical rebate due from its pharmacy benefit manager in the year the benefits are rendered to the Company's members. The related revenue is offset against pharmacy claims expense. Admissibility is in accordance with SAP 84.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. <u>Discontinued Operations</u>

Not applicable.

5. <u>Investments</u>

Mortgage loans, debt restructuring, reverse mortgages, loan-backed securities, repurchase agreements, real estate, LIHTC: None.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

		1		2		3		4	5	6
										Percentage
	Т	otal Gross	T	otal Gross	Increase/		Total Current		Percentage	Admitted Restricted
Restricted Asset	Res	stricted from	Res	stricted from	n (Decrease) (1		Year Admitted		Gross Restricted	to Total Admitted
Category	C	urrent Year	F	Prior Year	minus 2)		Restricted		to Total Assets	Assets
a. Subject to										
contractual obligation										
for w hich liability is										
not show n	\$	34,219,356	\$	5,990,726	\$	28,228,630	\$	34,219,356	32.2%	35.2%
b. Collateral held										
under security lending	Φ.		٠,		Φ.		ļ _		0.007	0.004
agreements	\$	-	\$	-	\$	-	\$	-	0.0%	0.0%
c. Subject to repurchase										
agreements	\$		\$		\$		\$		0.0%	0.0%
d. Subject to reverse	φ	-	Ф	-	Ф		φ	<u>-</u>	0.0%	0.0%
repurchase										
agreements	\$	_	\$	_	\$	_	\$	_	0.0%	0.0%
e. Subject to dollar	Ψ		Ψ		Ψ		Ψ		0.070	0.070
repurchase										
agreements	\$	_	\$	-	\$	-	\$	-	0.0%	0.0%
f. Subject to dollar	•		Ť		•		Ť			
reverse repurchase										
agreements	\$	-	\$	-	\$	-	\$	-	0.0%	0.0%
g. Placed under option										
contracts	\$	-	\$	-	\$	-	\$	-	0.0%	0.0%
h. Letter stock or										
securities restricted										
as to sale	\$	-	\$	-	\$	-	\$	-	0.0%	0.0%
i. On deposit with										
states	\$	2,300,000	\$	2,300,000	\$	-	\$	2,300,000	2.2%	2.4%
j. On deposit with										
other regulatory	_									
bodies	\$	-	\$	-	\$	-	\$	=	0.0%	0.0%
k. Pledged as										
collateral not captured										
in other categories	\$	_	\$	_	\$	-	\$	_	0.0%	0.0%
I. Other restricted	Ψ		+		Ψ		۳		3.070	3.070
assets	\$	-	\$	_	\$	_	\$	-	0.0%	0.0%
m. Total Restricted	*		ŕ		<u> </u>		Ĺ		2.37,0	21870
Assets	\$	36,519,356	\$	8,290,726	\$	28,228,630	\$	36,519,356	34.4%	37.6%

6. <u>Joint Ventures, Partnerships and Limited Liability Companies</u>

Not applicable.

7. Investment Income

- A. Investment income due and accrued for the year ended March 31, 2014 is \$14,765.
- B. The total amount excluded from surplus was \$0.

8. <u>Derivative Instruments</u>

Derivative financial instruments: None.

9. Income Taxes

The components of the net deferred income tax asset(liability) at December 31 are as follows:

)		12/31/2013			12/31/2012			Change	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	6,933,733	-	6,933,733	6,678,331	-	6,678,331	255,402	-	255,402
(b) Statutory Valuation Allowance Adjustments	-	-	-		-	-		-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	6,933,733	,	6,933,733	6,678,331	-	6,678,331	255,402	-	255,402
(d) Deferred Tax Assets Nonadmitted	4,331,225		4,331,225	5,498,865		5,498,865	(1,167,639)	-	(1,167,639
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,602,508	-	2,602,508	1,179,467	-	1,179,467	1,423,041	-	1,423,041
(f) Deferred Tax Liabilities	1,537,276		1,537,276		-	-	1,537,276	-	1,537,276
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	1,065,231		1,065,231	1,179,467	-	1,179,467	(114,235)	-	(114,235

(1)		12/31/2013			12/31/2012			Change			
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
(a) Gross Deferred Tax Assets	6,933,733	-	6,933,733	6,678,331	-	6,678,331	255,402	-	255,402		
(b) Statutory Valuation Allowance Adjustments	-		-			-	-	-	-		
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	6,933,733	-	6,933,733	6,678,331	-	6,678,331	255,402	-	255,402		
(d) Deferred Tax Assets Nonadmitted	4,331,225	-	4,331,225	5,498,865		5,498,865	(1,167,639)	-	(1,167,639)		
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,602,508	-	2,602,508	1,179,467	-	1,179,467	1,423,041	-	1,423,041		
(f) Deferred Tax Liabilities	1,537,276	-	1,537,276		-	-	1,537,276	-	1,537,276		
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	1,065,231	-	1,065,231	1,179,467	-	1,179,467	(114,235)	-	(114,235)		
•			`								
(2)		12/31/2013			12/31/2012			Change			
(2)	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
Admission Calculation Components SSAP 101	Ordinary	Capitai	iotai	Olullialy	Capital	Total	Olullary	Capitai	iotai		
(a) Federal Income Taxes Paid in Prior Years Recoverable Through											
Loss Carrybacks	_		_	_	_	_	_	_			
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized											
(Excluding the											
Amount of Deferred Tax Assets from 2(a) above) After											
Application of the											
Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	1.065,231	-	1.065.231	1.151.661	-	1.151.661	(86.430)	-	(86,430)		
Adjusted Gross Deferred Tax Assets Expected to be	,,		,,	, - ,		, . ,	(,,		(,,		
Realized Following											
the Balance Sheet Date.	3,054,256	-	3,054,256	2,343,305	-	2,343,305	710,951	-	710,951		
Adjusted Gross Deferred Tax Assets Allowed per											
Limitation Threshold.	1,065,231	-	1,065,231	1,151,661	-	1,151,661	(86,430)	-	(86,430)		
(c.) Adjusted Gross Deferred Tax Assets (Excluding The Amount of											
Deferred Tax											
Assets from 2(a) and 2(b) above) Offset by Gross Deferred											
Tax Liabilities	1,537,276	-	1,537,276	_	-	_	1,537,276	_	1,537,276		
(d) Deferred Tax Assets Admitted as the Result of Application of											
SSAP No. 101.											
Total (2(a) + 2(b) + 2(c.))	2,602,508	-	2,602,508	1,151,661	_	1,151,661	1,450,846	- 1	1,450,846		

	2013	2012				Non-RBC Reporting	Entity		
(a) Ratio Percentage Used to Determine Recovery Period and									
Threshold						Adj Gross DTA/Adj	11.b.i	11.b.ii	
Limitation Amount	65.09%	57.99%	RBC %			Less than 50%	3 years		15%
(b) Amount of Adjusted Capital And Surplus Used to Determine									
Recovery Period				Adjusted Gross DTA	6,933,733	50%-75%	1year		109
And Threshold Limitation in 2(b)2 Above	10,652,314	11,516,614		Adjusted Capital & Surplus	10,652,314	Greater than 75%	0 years		0%
					65%				

Impact of Tax Planning Strategies:
(a) Adjusted Gross DTA's (% of total adjusted gross DTA's)
(b) Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)
(c.) Does the Company's Tax Planning Strategies Include the Use of Reinsurance

B. Deferred Tax Liabilities Not Recognized
(1) N/A
(2) N/A
(3) N/A
(4) N/A

(3)

C. Cu

(i) Admitted deferred tax assets (2d + 2h)

Current income taxes incurred consist of the following major components			
(1) Current Income Tax	2013	2012	Change
(a) Federal	62,359	168,072	(105,713)
(b) Foreign tax	· -		-
(c.) Subtotal	62,359	168,072	(105,713)
(d) Federal Income Tax on Net Capital Gains	-	-	-
(e) Utilization of Capital Loss Carry-Forwards	-	-	-
(f) Other		-	-
(g) Federal and Foreign Income Taxes Incurred	62,359	168,072	(105,713)
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of Unpaid Losses	665,750	165,765	499,986
(2) Unearned Premium Reserve	481,021	205,169	275,853
(3) Policyholder reserves	858,335	1,624,983	(766,648)
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	676,954	129,526	547,428
(8) Compensation and benefits accrual (9) Pension accrual	-		-
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward	2,830,569	3,924,291	(1,093,723)
(11) Lease Expense	2,000,000	0,02 1,20 1	(1,000,120)
(13) Tax credit carry-forward	256,077	186,910	69,167
(14) Other (including items <5% of total ordinary tax assets)	362	6,526	(6, 164)
Accrued Legal Settlement	337,873	288,949	48,924
Other Invested Assets	826,792	146,213	680,579
(99) Subtotal	6,933,733	6,678,331	255,401
(b) Statutory valuation allowance adjustment	-	-	-
(c.) Nonadmitted	4,331,225	5,498,865	(1,167,639)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	2,602,508	1,179,467	1,423,041
(e) Capital			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real Estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	4,331,225	5,498,865	(1,167,640)
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-

No X

2,602,508 1,179,467 1,423,041

(3) Deferred Tax Liabilities:

(a) Ordinary

(1) Investments
(2) Fixed Assets
(3) Deferred and uncollected premium
(4) Policyholder resenses
(5) Other (including <5% of total ordinary tax liabilities)

(99) Subtotal

(b) Capital:
(1) Investments
(2) Real Estate
(3) Other (including <5% of total capital tax liabilities)

(99) Subtotal

(2) Real Estate
(3) Other (including <5% of total capital tax liabilities)

(99) Subtotal

(1) Investments
(2) Real Estate
(3) Other (including <5% of total capital tax liabilities)
(99) Subtotal

(1) Investments
(2) Real Estate
(3) Other (including <5% of total capital tax liabilities)
(1) Investments
(2) Real Estate
(3) Other (including <5% of total capital tax liabilities)
(5) Investments
(6) Investments
(6) Investments
(7) Investments
(8) Investments
(99) Subtotal
(99) Subtotal
(1) Investments
(1) Investments
(2) Investments
(3) Investments
(4) Investments
(5) Investments
(6) Investments
(7) Investments
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(1) Investments
(1) Investments
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(3) Investments
(4) Investments
(5) Investments
(6) Investments
(7) Investments
(8) Investments
(9) Investments
(9) Investments
(1) In

D. Reconciliation of Federal Income Tax Rate to Effective Tax Rate

(4) Net deferred tax assets/liabilities (2i - 3c)

Among the more significant book to tax adjustments were the following:

Provision computed at statutory tax rate Change in nonadmitted assets Tax exempt income, net of proration Dividends received deduction, net of proration Valuation Alllowance Nondeductible expenses Other Total statutory income tax expense (benefit)

Federal and foreign income taxes incurred Realized capital gains (losses) tax Change in net deferred income taxes Total statutory income tax expense (benefit)

Amount	Tax	Effective Rate
4,939,915	1,679,571	34.00%
	(526,673)	-10.66%
-	-	0.00%
-	-	0.00%
		0.00%
564,032	191,771	3.88%
(1,280)	(435)	-0.01%
5,502,667	1,344,234	27.21%

Tax Effective Rate
62,359 1.26% was g70
- 0.00%
1,281,875 25,95%
1,344,234 27.21%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

(1) At December 31, 2013 the company had

- \$ 8,325,202 net operating loss carryforwards which begin to expire in year 2025.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

a. 2013 b. 2012 c. 2011 d. 2010 -

F. Consolidated Federal Income Tax Return

(1) N/A

(2) The company did not have any protective tax deposits under Deduction 6603 of the Internal Revenue Code

G. Federal or Foreign Income Tax Loss Contingencies

(1) The company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, & C. The Company has one significant relationship with a related party.

Florida Cardiology, PA is a provider within the Company's network. For the three months ended March 31, 2014 the Company paid \$240,333 to Florida Cardiology, PA.

- D. Amounts due from or to related parties: None
- E. The Company has a management services agreement with Intellisight, LLC, a third-party administrator which previously held a certificate of authority to transact the business of an insurance administrator in the State of Florida and a deemed, non-insurance affiliate of the Company, which creates a future contingent liability for the Company (reference Note 14.A.). The Company may be obligated in the future to pay Intellisight, LLC one percent of premium revenue not to exceed a total of \$3,000,000 based on express future conditions, including certain required Company profitability levels, as detailed in the management services agreement. No payments were made during the reporting period under such agreement.
- F. Material management or service contracts: None
- G. 5,343,904 shares of the Company preferred stock and 1,600 shares of the Company common stock are owned by IDJB Investments, LLC, an affiliated entity as of March 31, 2014. IDJB Investments, LLC also holds \$18,050,000 of surplus notes issued by the Company.

H, I, J, K, & L. Not applicable.

11. <u>Debt</u>

A & B. Outstanding capital notes or other debt: None.

- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plan
 - A. Defined benefit plan: None.
 - B, C, D Not applicable.
 - E. Defined Contribution Plans

Each participant may voluntarily contribute, on a pre-tax basis, amounts ranging from 1% up to 100% of their annual compensation to the 401(k) Plan, "The Plan" up to the maximum allowable pre-tax voluntary contribution, as determined by the Internal Revenue Service. Eligible employees are automatically enrolled in the Plan to defer 2% of the participant's compensation unless the participant elects a different percentage (including zero). Each January, the Plan's automatic deferral provision will increase by 1% up to a maximum of 10% of compensation. Participants may rollover amounts representing distributions from other eligible retirement plans. Participants may also make after-tax Roth elective contributions. All investments are participant directed.

The Company, at its discretion, may match participant contributions. For the years ended March 31, 2014 and December 31, 2013, the Company did not make any matching contributions to the Plan. In addition, the Company may make discretionary profit sharing contributions which are allocated to all eligible participants as a percent of compensation of all eligible participants. Plan participants must be employed by the Company as of the Plan's year end and have completed at least three months of service during the Plan year in order earn any discretionary profit sharing contributions. For the years ended March 31, 2014 and December 31, 2013, no discretionary profit sharing contributions were made to the Plan by the Company.

Vesting: Participants are immediately vested in their contributions plus or minus actual earnings and losses thereon. Vesting in the Company's discretionary matching and discretionary profit sharing contributions (and earnings or losses thereon) is based on the following schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participant accounts become fully vested regardless of the above vesting schedule upon death, disability, attainment of normal retirement age (65), or upon termination of the Plan.

- Multi-employer plans: None.
- G. Consolidated / holding company plans: None
- Postemployment benefits and compensated absences: The Company has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned time off (PTO). The liability for earned but untaken (PTO) has not been accrued.
- Impact of MMA: Not Applicable
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
 - Common stock: 11,250,000 shares authorized, of which 2,694 shares are issued and outstanding.
 - Preferred stock: 11,250,000 shares authorized, of which 7,467,000 shares are issued and outstanding. All shares are Class A or B
 - 3 & 4. Dividend restrictions & payments: The payment of dividends by the Company to its shareholders is limited and cannot be made except in accordance with Florida Statues 641.365, F.S.
 - 5. 6. 7. None
 - There are 1,575,000 shares of Common stock being held as employee stock options.
 - 9. Changes in balances of special surplus funds from the prior year: Not applicable.
 - 10. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

Cumulative unrealized gains and losses \$0

11. Surplus Notes: The Company has outstanding surplus notes in the amount of \$18,050,000 with IDJB Investments, LLC, an affiliated entity as of March 31, 2014. The detail for each surplus note is as follows:

		SURPLUS	NOTES			
NAME OF NOTE HOLDER	NOTE NUMBER	ISSUE DATE	PRINCIPAL	INTEREST RATE	ACCRUED INTEREST	TOTAL
IDJB Investments, LLC	PUP – 1	11/16/2006	1,000,000	11.25%	829,726	1,829,726
IDJB Investments, LLC	PUP – 2	2/15/2007	500,000	11.25%	400,839	900,839
IDJB Investments, LLC	PUP – 3	12/31/2007	500,000	11.25%	351,678	851,678
IDJB Investments, LLC	PUP – 4	3/31/2008	1,000,000	8.25%	495,226	1,495,226
IDJB Investments, LLC	PUP – 5	8/4/2008	2,000,000	8.00%	905,205	2,905,206
IDJB Investments, LLC	PUP – 6	8/13/2008	2,000,000	8.00%	901,260	2,901,260
IDJB Investments, LLC	PUP – 7	9/26/2008	200,000	8.00%	88,197	288,197
IDJB Investments, LLC	PUP – 8	12/17/2008	550,000	8.00%	232,658	782,658
IDJB Investments, LLC	PUP-9	1/23/2009	4,000,000	6.25%	1,296,575	5,296,575
IDJB Investments, LLC	PUP - 10	3/31/2009	2,750,000	7.00%	963,027	3,713,027
IDJB Investments, LLC	PUP – 11	5/14/2009	500,000	7.00%	170,877	670,877
IDJB Investments, LLC	PUP – 12	5/22/2009	1,000,000	7.00%	340,219	1,340,219
IDJB Investments, LLC	PUP – 13	3/24/2010	1,550,000	9.00%	561,058	2,111,058
IDJB Investments, LLC	PUP – 14	2/23/2011	500,000	9.00%	139,562	639,562
TOTALS	•		\$18,050,000		\$7,676,108	\$25,726,108

12 & 13. Restatement of surplus due to quasi-reorganizations: None.

Contingencies

- Contingent Commitments: The Company does not have any except for the contingent liability with an affiliated entity already referenced in Note 10.E.
- Assessments: None. В.
- C. Gain contingencies: None.
- Claims related extra contractual obligation and bad faith losses stemming from lawsuits: None

E. All other contingencies: None

15. Leases

A. The Company leases office space and equipment under various non-cancellable operating leases that expire through 2018. Rental expense for the year ended March 31, 2014 was \$2,769,952.

At December 31, 2013, the minimum aggregate rental commitments are as follows for the five succeeding years.

Year Ending December 31	Operating Leases
2014	\$11.111.271
2015	11.644.989
2016	10,865,933
2017	9,575,034
2018	6,671,530
Total	\$49.868.757

Sale-leaseback transactions: During the years ended December 31, 2013 and 2012, the Company entered into ten sale/leaseback transactions with an unrelated third party under which equipment and risk-sharing receivables were sold to the third party and then leased back by the Company under terms that require monthly payments over periods ranging from four to six years in amounts ranging from approximately \$8,600 to \$203,300 per month per lease. Under the sale portion of the agreements, the Company received cash totaling approximately \$27,650,000 and \$4,340,000 during the years ended December 31, 2013 and 2012, respectively.

B. Lessor leases or leveraged leases: None.

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

The Company maintains cash, money market, and CD balances at various commercial banks and brokerage firms. The balances at times may exceed the amounts insured by the Federal Deposit Insurance Corporation (FDIC) and/or the Securities Investor Protection Corporation (SIPC).

See Note 15 above related to Sale-leaseback transactions. Provisions in the agreements subject the Company to "off-balance sheet risk" for the collection of approximately \$26 million in risk-sharing receivables that were sold to an unrelated third party under the transactions.

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

- A. Transfers of receivables reported as sales: None.
- B. Transfer and servicing of financial assets: None.
- C. Wash sales: None.
- 18. Gain or Loss to the Reporting Entity from Uninsured Portion of Partially Insured Plans

Not applicable.

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

Not applicable.

20. Fair Value Measurements

Not applicable.

21. Other Items

- A. Extraordinary items: None
- B. Troubled debt restructuring: None.
- C. Other disclosures: The Company received a regulatory Order from the Florida Office of Insurance Regulation, filed March 14, 2014, requiring it to non-admit \$12.5 million of cash and cash equivalents which the Florida Office of Insurance Regulation considers not available for use in satisfying policyholder obligations due to a restriction on those assets. The Company appealed the Order and will continue to include these assets in the accompanying statutory financial statements subject to the outcome of the appeal.
- D. Balance that is reasonably possible to be uncollectible: None.
- E. Business interruption insurance recoveries: None.
- F. State transferable tax credits: None.
- G. Subprime-mortgage-related risk exposure: None.
- H. Retained Assets: None.

22. Events Subsequent

Subsequent events have been considered through May 15, 2014 for the statutory statement issued on May 15, 2014.

Due to the regulatory Order mentioned above in 21(C), Pacific Western Equipment Finance ("PacWest") determined the Company in default of a covenant in the master lease agreement that the Company had with PacWest. On April 16, 2014, PacWest exercised its right to terminate the leases and collect the amounts held as security interest. PacWest subsequently returned all of the assets associated with the sale-leaseback transactions to the Company.

Type II – Non-recognized subsequent events

Subsequent events have been considered through March 31, 2014 for the statutory statement issued on April 1, 2014.

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act ("ACA"). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$2,550,000. The FL OIR has not adopted the NAIC's risk based capital ("RBC")

model as part of its minimum capital requirements, therefore the table below reflects an RBC impact of 0%.

\$2,550,000 ACA fee assessment payable Assessment expected to impact RBC

23. Reinsurance

Ceded reinsurance report

Section 1 - General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
- Have any policies issued by the company been reinsured with a company chartered in a country other than the United States that is in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 - Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? No.
- Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 - Part B

- Not Applicable
- Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.
- Uncollectible Reinsurance

Not applicable

Commutation of Ceded Reinsurance

Not applicable

F. Certified Reinsurer Rating Downgraded of Status Subject to Revocation

Not applicable

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Annually, the Company uses an outside actuary to calculate accrued retrospective revenues owed to the Company by CMS for risk adjustment related to the Company's membership using data reports and response files from CMS.

25. Change in Incurred Claims and Claim Adjustment Expenses

The Company adjusted prior year claims reserves as per an independent actuarial analysis.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

Pharmaceutical rebate receivables - The methodology being used to estimate pharmaceutical rebate receivables is the last known billed rebate amount calculated as a percentage of total pharmacy costs for that period. This percentage is applied to the most recent periods total pharmacy costs. At March 31, 2014 the pharmaceutical rebate receivable was

Quarter	Estimated Pharmacy Rebates as Reported on F/S	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91- 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/14	3,606,579				
12/31/13	2,486,320				
9/30/13	2,430,710	2,430,710	2,430,710		
6/30/2013	2,033,939	2,033,939	2,072,704		
3/31/2013	1,879,240	1,879,240	1,879,240		
12/31/2012	1,250,562	1,250,562	1,242,884		
9/30/2012	1,168,057	1,166,680	1,166,680		
6/30/2012	1,213,554	1,089,630	1,087,395		
3/31/2012	1,205,596	1,096,551	1,101,604		
12/31/2011	823,918	823,522	828,575		
9/30/2011	786,600	819,755	815,742		
6/30/2011	744,126	817,985	817,985		
3/31/2011	751,580	777,227	777,227		
12/31/2010	573,114	573,114	573,114		
9/30/2010	748,005	596,341	596,341		
6/30/2010	691,137	593,173	593,173		
3/31/2010	737,581	607,109	607,109		
12/31/2009	884,129	860,543	860,978		
9/30/2009	843,305	932,686	932,686		
6/30/2009	805,769	856,570	856,570		
3/31/2009	727,096	726,279	726,279		

Risk sharing receivables - The methodology being used to estimate risk sharing receivables varies based on each risk sharing arrangement. At March 31, 2014 the risk sharing receivable was \$34,557,126.

		Risk Sharing				Actual Risk	Actual Risk Sharing	Actual Risk Sharing	
	Evaluation	Receivable as	Risk Sharing Receivable		Risk Sharing	Sharing Amounts	Amounts Received	Amounts Received	Actual Risk Sharing
	Period Year	Estimated in Prior	as Estimated in Current	Risk Sharing	Receivable Not Yet	Received in Year	First Subsequent	Second Subsequent	Amounts Received
Calendar Year	Ending	Year	Year	Receivable Billed	Billed	Billed	Year	Year	- All Other
2014	2014		10,940,109	-	10,940,109	3,224,176	-		
	2013	47,148,738	37,704,105	1,056,262	36,647,843	-	14,515,295		
	2012	6,563,093	6,580,399	2,809,114	3,771,285	-	3,778,739		
2013	2013		47,148,738		47,148,738	18,708,141	-		
	2012	7,970,207	6,563,093	4,073,762	2,489,331		2,870,287		
	2011	686,219	559,292	1,399,791	-840,499		1,383,372		
2012	2012		7,970,207		8,229,707				
	2011	954,541	686,219	1,513,999	165,861	1,315,353			
	2010	2,058,019	8,644	911,857	25,682	1,207,527	-		

29. Participating Policies

Not applicable.

30. <u>Premium Deficiency Reserves</u>

As of March 31, 2014, the Company had \$0 liabilities related to PDR.

31. Anticipated Salvage and Subrogation

Not applicable.

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?	Yes []	No [X]
1.2	If yes, has the report been filed with the domiciliary state?	Yes[]	No[X]
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes[]	No [X]
2.2	If yes, date of change:	100[]	
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	Yes []	No [X]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes []	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.	130[]	[]
		_	
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes []	No [X]
4.2	If yes, provide 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 2 3		
	NAIC State of Company Code 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? If yes, attach an explanation.	Yes [] No [X]	N/A []
C 4			2
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made. 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	12/31/201	3
6.2	be the date of the examined balance sheet and not the date the report was completed or released.	12/31/200	9
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).	4/8/2011	
6.4	By what department or departments? The Florida Office of Insurance Regulation.	_	
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[X] No[]	N/A []
		Yes[X] No[]	N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes []	No [X]
7.2	If yes, give full information:	<u> </u>	
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	 Yes []	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.		
		<u> </u>	
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes []	No [X]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].		
	1 2 3 4 5 6		
	Affiliate Name Location (City, State) FRB OCC FDIC SEC		
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? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;	Yes [X]	No []
	 (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:		
		<u> </u>	
9.2	Has the code of ethics for senior managers been amended?	Yes []	No [X]
	If the response to 9.2 is Yes, provide information related to amendment(s).	. ,	. 1
	<u></u>	_	
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	 Yes []	No [X]

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES - GENERAL

9.31	r the r	esponse to 9.3 is Yes, provide the nature of any waiver(5).			<u></u>		
			PART 1 - FINANCIAL					
10 1	Does t	the reporting entity report any amounts due from paren		ement?		Yes[]	No [
		indicate any amounts receivable from parent included		mont:				
			PART 1 - INVESTMENT					
		any of the stocks, bonds, or other assets of the reporting by another person? (Exclude securities under securities		r otherwise made available	•	Yes[]	No [X]	
11.2	If yes,	give full and complete information relating thereto:						
12.	Amour	nt of real estate and mortgages held in other invested as	sets in Schedule BA:			\$	0	
13.	Amour	nt of real estate and mortgages held in short-term investr	nents:			\$	0	
14.1	Does t	he reporting entity have any investments in parent, subs	idiaries and affiliates?			Yes []	No [X]	
14.2	If yes,	please complete the following:		1		2		
	44.04	Post.		Prior Yea	Carrying Value	Current Quar Book/Adjusted Carry	ring Value	
	14.21 14.22	Bonds Preferred Stock		·	0 0	\$ \$		
	14.23 14.24	Common Stock			0	\$ \$		
	14.25	Short-Term Investments Mortgage Loans on Real Estate			0 0	\$		
		All Other			0			
	14.2 <i>7</i> 14.28	Total Investment in Parent, Subsidiaries and Affiliates (Total Investment in Parent included in Lines 14.21 to 14.21)	· ·		0	\$ \$		
15.1	Has th	e reporting entity entered into any hedging transactions	reported on Schedule DB?			Yes []	No [X]	
	-	has a comprehensive description of the hedging prograr attach a description with this statement.	n been made available to the domiciliary state?			Yes []	No []	
16.	16.1 16.2	e reporting entity's security lending program, state the an Total fair value of reinvested collateral assets reported Total book adjusted/carrying value of reinvested collate Total payable for securities lending reported on the liab	on Schedule DL, Parts 1 and 2: ral assets reported on Schedule DL, Parts 1 and			\$ \$ \$	0	
	entity's pursua	ling items in Schedule E-Part 3-Special Deposits, real es s offices, vaults or safety deposit boxes, were all stocks, ant to a custodial agreement with a qualified bank or trus sourcing of Critical Functions, Custodial or Safekeeping	bonds and other securities, owned throughout the company in accordance with Section 1, III - Ger	e current year held neral Examination Conside	rations,	Yes[]	No [X]	
	17.1	For all agreements that comply with the requirements o complete the following:	f the NAIC Financial Condition Examiners Handb					
		1 Name of Custodian(s)		2 Custodian Address				
	17.2	For all agreements that do not comply with the requirenname, location and a complete explanation.	nents of the NAIC Financial Condition Examiners	Handbook, provide the				
		1	2	3				
		·	Name(s) Location(s) Complete Explanation Wells Farge Bank 800 N Magnelia Ave Orlando El 32803 Non-Compliant Custodial Agreement					
		·	800 N Magnolia Ave, Orlando, FL 32803	Non-Compliant Custod		ation(s)		
		Name(s)	17	Non-Compliant Custod Non-Compliant Custod	al Agreement	ation(s)		
	17.3	Name(s) Wells Fargo Bank	800 N Magnolia Ave, Orlando, FL 32803 6111 N. River Road, Rosemont, IL 60018	Non-Compliant Custod	al Agreement	Yes []	No [X]	
	17.3 17.4	Name(s) Wells Fargo Bank MB Financial Bank	800 N Magnolia Ave, Orlando, FL 32803 6111 N. River Road, Rosemont, IL 60018 s, in the custodian(s) identified in 17.1 during the	Non-Compliant Custod current quarter?	al Agreement	Yes[]	No [X]	
		Name(s) Wells Fargo Bank MB Financial Bank Have there been any changes, including name changes	800 N Magnolia Ave, Orlando, FL 32803 6111 N. River Road, Rosemont, IL 60018 s, in the custodian(s) identified in 17.1 during the	Non-Compliant Custod	ial Agreement al Agreement		No [X]	
		Name(s) Wells Fargo Bank MB Financial Bank Have there been any changes, including name changes If yes, give full and complete information relating thereton	800 N Magnolia Ave, Orlando, FL 32803 6111 N. River Road, Rosemont, IL 60018 s, in the custodian(s) identified in 17.1 during the 2 New Custodian duals acting on behalf of broker/dealers that have	Non-Compliant Custod current quarter? 3 Date of Change	ial Agreement al Agreement	Yes [] 4 Reason	No[X]	
	17.4	Name(s) Wells Fargo Bank MB Financial Bank Have there been any changes, including name changes If yes, give full and complete information relating theret 1 Old Custodian	800 N Magnolia Ave, Orlando, FL 32803 6111 N. River Road, Rosemont, IL 60018 s, in the custodian(s) identified in 17.1 during the 2 New Custodian duals acting on behalf of broker/dealers that have	Non-Compliant Custod current quarter? 3 Date of Change	al Agreement al Agreement	Yes[]	No [X]	

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

PART 1 - INVESTMENT

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

Yes [X] No []

18.2 If no, list exceptions:

2.4 If yes, please provide the amount of funds administered as of the reporting date.

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **GENERAL INTERROGATORIES (continued)**

PART 2 - HEALTH

1.	Operating	Percentages:
----	-----------	--------------

	1.1 A&H loss percent		85.7 %	
	1.2 A&H cost containment percent		3.7 %	_
	1.3 A&H expense percent excluding cost containment expenses		13.7 %	_
2.1	Do you act as a custodian for health savings accounts?]	No [X]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0	_
2.3	Do you act as an administrator for health savings accounts?]	No [X]	

____0

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsuer Rating
A&H Non-	Affiliates						•	
10227	134924125	01/01/2014	Munich Reinsurance America Inc	DE	SSL/A/I	Authorized		

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

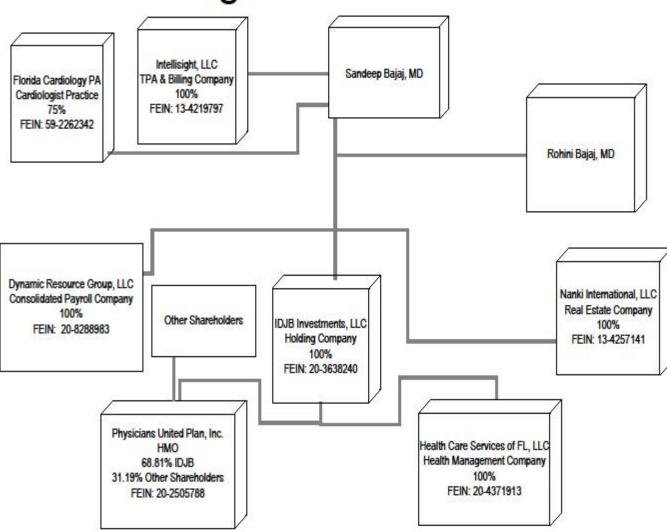
	1 Direct Business Only									
		'	2	3	4	5	6	7	8	9
				3	7	Federal	Life and	,	0	3
						Employees	Annuity			
			Accident			Health Benefits	Premiums and	Property/	Total	
		Active	and Health	Medicare	Medicaid	Program	Other	Casualty	Columns	Deposit-Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 through 7	Contracts
4	· · · · · · · · · · · · · · · · · · ·	N	1 Territuriis	TILLE AVIII	TILLE XIX	1 Territuriis		i iciliuliis	0	Contracts
1.										
2.	AlaskaAK								0	
	ArizonaAZ								0	
4.	ArkansasAR	N							0	
	CaliforniaCA								0	
	ColoradoCO	N							0	
									-	
	ConnecticutCT								0	
8.	DelawareDE								0	
9.	District of ColumbiaDC	N							0	
10.	FloridaFL	L		122,233,260					122,233,260	
11.	GeorgiaGA	N							0	
	HawaiiHI								0	
									-	
	IdahoID								0	
	IllinoisIL								0	
15.	IndianaIN	N							0	
16.	lowaIA	N							0	
	KansasKS								0	
10	Kontuoky	NI							_	
	KentuckyKY								0	
19.	LouisianaLA								0	
	MaineME								0	
21.	MarylandMD	N							0	
	MassachusettsMA								0	
	MichiganMI								0	
	MinnesotaMN								0	
	MississippiMS								0	
26.	MissouriMO	N							0	
	MontanaMT	N			 	 			0	
	NebraskaNE								0	
									-	
	NevadaNV								0	
	New HampshireNH								0	
31.	New JerseyNJ	N							0	
	New MexicoNM								0	l
	New YorkNY								0	
	North CarolinaNC								0	
	North DakotaND								0	
36.	OhioOH	N							0	
37.	OklahomaOK	N							0	
	OregonOR								0	
	PennsylvaniaPA								0	
									•	
	Rhode IslandRI								0	
41.	South CarolinaSC	N							0	
42.	South DakotaSD	N							0	
	TennesseeTN								0	
									-	
44.									0	
	UtahUT	N							0	
46.	VermontVT	N							0	
47.	VirginiaVA	N							0	
	WashingtonWA							ļ	0	l
	West VirginiaWV								0	
	WisconsinWI								0	
	WyomingWY								0	
	American SamoaAS								0	
53.	GuamGU	N							0	
54.	Puerto RicoPR	N							0	
	U.S. Virgin IslandsVI	N							0	
	•									
	Northern Mariana IslandsMP	N							0	
	CanadaCAN								0	
58.	Aggregate Other alienOT	XXX	0	0	0	0	0	0	0	0
	Subtotal		0	122,233,260	0	0	0	0		0
	Reporting entity contributions for			, ,=-00					,,200	
J		vvv]			_	
2.	Employee Benefit Plans			400 000 000					0	-
61.	Total (Direct Business)	(a)1	0	122,233,260	0	0	0	0	122,233,260	0
				DETAI	LS OF WRITE-IN	s			<u></u>	
58001									0	Ī
									0	
									-	
58003.									0	
58998.	Summary of remaining write-ins									
	for line 58 from overflow page		0	0	0	0	0	0	0	0
58999.	Total (Lines 58001 thru 58003 plus 58									
	(Line 58 above)		n	n	l	l	n	n	0	n
	censed or Chartered - Licensed Insura									

⁽L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied 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.

Organization Chart



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
						Name of				Type of		
						Securities				Control		
						Exchange				(Ownership		
						if Publicly					ontrol is	
		NAIC	Federal			Traded	Names of	Relationshi	n		nership	
Group	Group	Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Domiciliary to Reportin			rovide Ultimate Controlling	
Code	and the second s	Code	Number	RSSD	CIK	International)	or Affiliates	Location Entity	(Name of Entity/Person)	Influence, Other) Pero		*

NONE

Asterisk	Explanation	
ASICHSK	Explanation	

NONE

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

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

SEE EXPLANATION

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

Explanation:

1. NOT APPLICABLE.

Bar Code:



NONE

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC.

SCHEDULE A - VERIFICATION
Real Estate

	Noti Estato		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
		Prior Year Ended
	Year to Date	December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease)		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
Deduct amortization of premium and mortgage interest points and commitment fees		
Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
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		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	2.2 Additional investment made after acquisition. Capitalized deferred interest and other. Accrual of discount.		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
		Prior Year Ended
	Year to Date	December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	78,715	755,043
2. Cost of bonds and stocks acquired		79,986
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		756,314
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	78,715	78,715
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	78,715	78,715

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

			e Current Quarter for		Ted Stock by NAIC DE			1	1
	NAIC Designation	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. NAIC 1 (a)	32,045,616	2,095	14,999,627		17,048,084			32,045,616
	2. NAIC 2 (a)								
	3. NAIC 3 (a)								
	4. NAIC 4 (a)								
	5. NAIC 5 (a)								
	6. NAIC 6 (a)								
OSIN2	7. Total Bonds	32,045,616	2,095	14,999,627	0	17,048,084	0	0	32,045,616
3	PREFERRED STOCK								
	8. NAIC 1								
	9. NAIC 2								
	10. NAIC 3								
	11. NAIC 4								
	12. NAIC 5								
	13. NAIC 6								
	14. Total Preferred Stock	0	0	0	0	0	0	0	0
	15. Total Bonds and Preferred Stock	32,045,616	2,095	14,999,627	0	17,048,084	0	0	32,045,616

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

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted		Actual	Interest Collected	Paid for Accrued Interest
	Carrying Value	Par Value	Cost	Year To Date	Year To Date
	1 2				
9199999	15,462,396	XXX	15,462,396	2,095	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year to Date	Prior Year Ended December 31
		real to Date	December 31
Book/adjusted carrying value, December 31 of prior year		15,460,301	6,620,293
Cost of short-term investments acquired		2,095	15,460,301
3. Accrual of discount			
Unrealized valuation increase (decrease)			
5. Total gain (loss) on disposals			
Deduct consideration received on disposals			6,620,293
7. Deduct amortization of premium			
8. Total foreign exchange change in book/adjusted carrying value			
Deduct current year's other than temporary impairment recognize	d		
10. Book/adjusted carrying value at end of current period (Lines 1+2	-3+4+5-6-7+8-9)	15,462,396	15,460,301
11. Deduct total nonadmitted amounts			
12. Statement value at end of current period (Line 10 minus Line 11)		15,462,396	15,460,301

Sch. DB-Pt A-Verification NONE

Sch. DB-Pt B-Verification NONE

Sch. DB-Pt C-Sn 1 NONE

Sch. DB-Pt C-Sn 2 NONE

Sch. DB-Verification NONE

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **SCHEDULE E- VERIFICATION**

Cash Equivalents

Cash Equivalents		
	1 Year to Date	2 Prior Year Ended December 31
	rour to buto	Describer of
Book/adjusted carrying value, December 31 of prior year	16,506,600	
Cost of cash equivalents acquired		16,506,600
Accrual of discount		
Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	14,999,627	
7. Deduct amortization of premium		
Total foreign exchange change in book/ adjusted carrying value		
Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,506,973	16,506,600
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,506,973	16,506,600

Sch. A-Pt 2 NONE

Sch. A-Pt 3 NONE

Sch. B-Pt 2 NONE

Sch. B-Pt 3 NONE

Sch. BA-Pt 2 NONE

Sch. BA-Pt 3 NONE

Sch. D-Pt 3 NONE

Sch. D-Pt 4 NONE

Sch. DB-Pt A-Sn 1 NONE

Sch. DB-Pt A-Sn 1-Footnote A NONE

Sch. DB-Pt A-Sn 1-Footnote B NONE

Sch. DB-Pt B-Sn 1 NONE

Sch. DB-Pt B-Sn 1-Footnote A NONE

Sch. DB-Pt B-Sn 1-Footnote B NONE

Sch. DB-Pt B-Sn 1B-Broker List NONE

Sch. DB-Pt D-Sn 1 NONE

Sch. DB-Pt D-Sn 2 NONE

> Sch. DL-Pt. 1 NONE

Sch. DL-Pt. 2 NONE

Statement as of March 31, 2014 of the PHYSICIANS UNITED PLAN, INC. **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances										
1		2	3	4	5	Book Balance at End of Each			9	
				Amount of	Amount of	Month During Current Quarter				
			Rate	Interest	Interest Accrued	6	7	8		
		Code	of	Received During	at Current					
Depository			Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month	*	
Open Depositories										
PNC Bank	Orlando, FL					13,012			XXX	
Centennial Bank	Orlando, FL			136		570,857	570,874	570,921	XXX	
First Bank of St. Louis	St. Louis, MO			2,252		14,776,901	14,777,572	14,778,211	XXX	
Wells Fargo	Orlando, FL			15,219		(13,760,875)	(3,220,593)	(811,294)	XXX	
	Dept of Financial Services -									
State of Florida	Tallahassee, FL			5,770	5,730	2,430,327	2,430,327	2,430,327	XXX	
0199999. Total Open Depositories		XXX	XXX	23,377	5,730	4,030,222	14,558,180	16,968,165	XXX	
0399999. Total Cash on Deposit		XXX	XXX	23,377	5,730	4,030,222	14,558,180	16,968,165	XXX	
0599999. Total Cash		XXX	XXX	23,377	5,730	4,030,222	14,558,180	16,968,165	XXX	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8		
		Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received		
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year		
U.S. Government Bonds - Issuer Obligations									
WELLS FARGO CD.									
0199999. U.S. Government Bonds - Issuer Obligations					0	0	0		
0599999. Total - U.S. Government Bonds									
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations									
WELLS FARGO CD.		03/08/2014	0.100	04/07/2014	1,506,973		373		
329999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.					1,506,973	0	373		
389999. Total - Industrial and Miscellaneous (Unaffiliated).					1,506,973	0	373		
Total Bonds									
7799999. Subtotals - Issuer Obligations.					1,506,973	0	373		
839999. Subtotals - Bonds.						0	373		
8699999. Total - Cash Equivalents					1,506,973	0	373		