CNA FINANCIAL CORP Form S-3ASR April 29, 2019

Use these links to rapidly review the document <u>TABLE OF CONTENTS</u>

Table of Contents

As filed with the Securities and Exchange Commission on April 29, 2019

Registration No. 333-

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM S-3

REGISTRATION STATEMENT UNDER THE SECURITIES ACT OF 1933

CNA FINANCIAL CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

36-6169860

(I.R.S. Employer Identification No.)

151 N. Franklin Street Chicago, Illinois 60606 (312) 822-5000

(Address, including zip code, and telephone number, including area code, of registrant's principal executive offices)

Stathy Darcy
Senior Vice President, Corporate Secretary and Deputy General Counsel
CNA Financial Corporation
151 N. Franklin Street
Chicago, Illinois 60606
(312) 822-5000

(Name, address, including zip code, and telephone number, including area code, of agent for service)

Approximate date of commencement of proposed sale to the public: From time to time after the effective date of this registration statement.

If the only securities being registered on this form are being offered pursuant to dividend or interest reinvestment plans, please check the following box: o

If any of the securities being registered on this form are to be offered on a delayed or continuous basis pursuant to Rule 415 under the Securities Act of 1933, other than securities offered only in connection with dividend or interest reinvestment plans, check the following box: ý

If this Form is filed to register additional securities for an offering pursuant to Rule 462(b) under the Securities Act, please check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering: o

If this Form is a post-effective amendment filed pursuant to Rule 462(c) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering: o

If this Form is a registration statement pursuant to General Instruction I.D. or a post-effective amendment thereto that shall become effective upon filing with the Commission pursuant to Rule 462(e) under the Securities Act, check the following box: \circ

If this Form is a post-effective amendment to a registration statement filed pursuant to General Instruction I.D. filed to register additional securities or additional classes of securities pursuant to Rule 413(b) under the Securities Act, check the following box: o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ý

Accelerated filer o

Non-accelerated filer o

Smaller reporting company o

Emerging growth company o

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 7(a)(2)(B) of Securities Act. o

CALCULATION OF REGISTRATION FEE

Amount to be
Registered/Proposed Maximum Offering
Price Per Unit/Proposed Maximum
Aggregate
Offering Price/Amount of Registration
Fee(1)

Title of Each Class of Securities to be Registered(1)(2)

Securities of CNA Financial Corporation:

Senior debt securities(3)(4)

Subordinated debt securities(3)(4)

Subordinated junior debt securities(3)(4)

Preferred stock, no par value(3)(4)

Depositary shares(3)(5)

Common stock, \$2.50 par value per share(3)(4)

Warrants(6)

Purchase contracts(7)

Purchase units(8)

An indeterminate aggregate initial offering price and number or amount of the securities of each identified class is being registered as may from time to time be sold at indeterminate prices. Separate consideration may or may not be received for securities that are issuable upon conversion of, or in exchange for, or upon exercise of, convertible or exchangeable securities or that are issued in units or represented by depositary shares. In reliance on and in accordance with Rules 456(b), 457(r) and 457(p), the Registrants are deferring payment of all of the registration fees.

- (2)

 The securities registered under this registration statement may be sold separately, together or as units with other securities registered under this registration statement and may include hybrid securities consisting of a combination of features of any of the securities listed in the table.
- Senior debt securities, subordinated debt securities, subordinated junior debt securities, preferred stock, depositary shares and common stock, as may be issuable upon conversion or redemption, or upon the exercise of warrants registered under this registration statement, of senior debt securities, subordinated debt securities, subordinated junior debt securities, preferred stock or depositary shares, as the case may be, registered under this registration statement.
- (4)
 Senior debt securities, subordinated debt securities, subordinated junior debt securities and shares of preferred stock and common stock may also be issued by CNA Financial Corporation upon settlement of the purchase contracts or purchase units of CNA Financial Corporation.
- Depositary shares will be evidenced by depositary receipts issued pursuant to a deposit agreement. In the event CNA Financial Corporation elects to offer to the public fractional interests in shares of preferred stock registered under this registration statement, depositary receipts may be distributed to those persons purchasing such fractional interests and the shares of preferred stock will be issued to the depositary under the deposit agreement. No separate consideration will be received for the depositary shares.
- (6)
 Warrants may represent rights to purchase debt securities, preferred stock, common stock or depositary shares registered under this registration statement.
- (7)

 Purchase contracts may be issued separately or as purchase units.
- Purchase units may consist of a purchase contract and any of the debt securities registered under this registration statement or debt obligations of third parties, including U.S. treasury securities, securing the holders' obligations to purchase the applicable purchase contract securities under the purchase contract, securing the holders' obligations to purchase the applicable purchase contract securities under the purchase contract.

Table of Contents

PROSPECTUS

CNA Financial Corporation

Senior Debt Securities
Subordinated Debt Securities
Subordinated Junior Debt Securities
Preferred Stock
Depositary Shares
Common Stock
Warrants
Purchase Contracts
Purchase Units

This prospectus describes some of the general terms that may apply to these securities. The specific terms of any securities to be offered, and any other information relating to a specific offering, will be set forth in a supplement to this prospectus or in one or more documents incorporated by reference in this prospectus. You should read this prospectus and any supplement carefully before you invest. This prospectus may not be used to sell these securities without a supplement.

We may offer, from time to time, the securities described in this prospectus separately or together in any combination.

We may offer these securities from time to time in amounts, at prices and on other terms to be determined at the time of offering. We may offer and sell these securities to or through one or more underwriters, dealers and agents or directly to purchasers, on a continuous or delayed basis. The names of any underwriters, dealers or agents involved in the sale of any securities and the specific manner in which they may be offered, including any applicable purchase price, fee, commission or discount arrangement between or among them, will be set forth in the prospectus supplement covering the sale of those securities.

Our common stock is listed on the New York Stock Exchange and the Chicago Stock Exchange under the trading symbol "CNA."

Investing in our securities involves risks. See "Risk Factors" on page 3 of this prospectus.

Neither the Securities and Exchange Commission nor any other regulatory body has approved or disapproved of these securities or passed upon the accuracy or adequacy of this prospectus. Any representation to the contrary is a criminal offense.

The date of this prospectus is April 29, 2019.

Table of Contents

TABLE OF CONTENTS

ABOUT THIS PROSPECTUS WHERE YOU CAN FIND MORE INFORMATION	<u>1</u>	
	<u>1</u>	
THE CNA COMPANIES	<u>2</u>	
FORWARD-LOOKING STATEMENTS		
RISK FACTORS	2	
USE OF PROCEEDS	<u>3</u>	
	<u>3</u>	
SECURITIES TO BE OFFERED	<u>3</u>	
DESCRIPTION OF THE DEBT SECURITIES	<u>4</u>	
DESCRIPTION OF JUNIOR DEBT SECURITIES		
DESCRIPTION OF COMMON STOCK	<u>15</u>	
DESCRIPTION OF PREFERRED STOCK	<u>23</u>	
	<u>24</u>	
DESCRIPTION OF DEPOSITARY SHARES	<u>27</u>	
DESCRIPTION OF WARRANTS		
DESCRIPTION OF PURCHASE CONTRACTS AND PURCHASE UNITS	<u>30</u>	
PLAN OF DISTRIBUTION	<u>31</u>	
	<u>31</u>	
<u>CERTAIN ERISA MATTERS</u>	<u>32</u>	
VALIDITY OF SECURITIES	<u>33</u>	
<u>EXPERTS</u>		
	<u>33</u>	

Table of Contents

ABOUT THIS PROSPECTUS

This prospectus is part of an automatic shelf registration statement that we filed with the Securities and Exchange Commission, which we refer to as the "SEC," as a "well-known seasoned issuer" as defined in Rule 405 under the Securities Act of 1933, as amended. Under the automatic shelf registration process, we may, over time, offer and sell any combination of any series of debt securities, common stock, preferred stock, depositary shares, warrants, purchase contracts and purchase units described in this prospectus in one or more offerings. In this prospectus, we will refer to the debt securities, common stock, preferred stock, depositary shares, warrants, purchase contracts and purchase units collectively as the "securities." This prospectus provides you with a general description of the securities that may be offered. Each time we offer securities under this prospectus, we will provide a prospectus supplement or other offering materials that will contain specific information about the terms of that offering. The prospectus supplement may add, update or change information contained in this prospectus. If the information in this prospectus is inconsistent with a prospectus supplement, you should rely on the information in that prospectus supplement. Please carefully read this prospectus and any prospectus supplement, together with the additional information described under the heading "Where You Can Find More Information," before purchasing any securities.

You should rely only on the information contained or incorporated by reference in this prospectus, any prospectus supplement and any issuer free writing prospectus. "Incorporated by reference" means that we can disclose important information to you by referring you to another document filed separately with the SEC. We have not authorized any other person to provide you with different information. If anyone provides you with different information, you should not rely on it. We are not making an offer of these securities in any state or jurisdiction where the offer is not permitted. You should only assume that the information in this prospectus or in any prospectus supplement or issuer free writing prospectus is accurate only as of their respective dates. Our business, financial condition, results of operations and prospects may have changed since those dates.

Unless otherwise indicated or unless the context requires otherwise, all references in this prospectus to:

"CNAF," "we," "us," "our" and similar references mean CNA Financial Corporation; and

the "CNA Companies" and the "Company" mean CNA Financial Corporation and its subsidiaries.

WHERE YOU CAN FIND MORE INFORMATION

We file annual, quarterly and current reports, proxy statements and other information with the SEC. Our SEC filings are available to the public over the Internet at the SEC's website located at http://www.sec.gov and on the investor relations pages of our website located at http://www.cna.com.

The SEC allows us to disclose certain information to you in this prospectus by referring you to documents previously filed with the SEC that include such information. The information incorporated by reference is an important part of this prospectus, and information that we file later with the SEC will automatically update and supersede this information. We incorporate by reference the documents listed below and any future filings made with the SEC under Sections 13(a), 13(c), 14, or 15(d) of the Securities Exchange Act of 1934 made subsequent to the date of this prospectus until the termination of the offering of the securities described in this prospectus (other than information in such filings that was "furnished," under applicable SEC rules, rather than "filed").

Our Annual Report on Form 10-K for the year ended December 31, 2018;

Our Quarterly Report on Form 10-Q for the quarter ended March 31, 2019;

Our Current Report on Form 8-K dated April 24, 2019; and

1

Table of Contents

The description of our common stock contained in Amendment No. 2 to our Registration Statement on Form 8-A/A filed with the SEC on April 14, 2010 under Section 12(b) of the Securities Exchange Act of 1934.

You may request a copy of these filings at no cost, by writing or telephoning us at the following address:

Office of the General Counsel CNA Financial Corporation 151 N. Franklin Street Chicago, Illinois 60606 (312) 822-5000

You should rely only on the information incorporated by reference or provided in this prospectus or any prospectus supplement. We have not authorized anyone else to provide you with different or additional information. An offer of these securities is not being made in any jurisdiction where the offer or sale is not permitted. You should not assume that the information in this prospectus or any prospectus supplement is accurate as of any date other than the date on the front of those documents.

THE CNA COMPANIES

We are a global insurance organization serving businesses with a broad range of commercial insurance products, including property and casualty, surety and insurance-related services. We serve a wide variety of customers, including small, medium and large businesses, insurance companies, associations, professionals, and other groups with a broad range of commercial products and services. Our core insurance products primarily include commercial property and casualty coverages, including surety. Our services include risk management, information services, warranty and claims administration. Our products and services are marketed through independent agents, brokers and managing general underwriters.

We are one of the largest commercial insurance companies in the United States of America with an established market position across a diverse range of specialty and standard insurance products for commercial clients. Our common stock is listed on the New York Stock Exchange and the Chicago Stock Exchange. The trading symbol for our common stock is "CNA." As of March 31, 2019, Loews Corporation ("Loews") owned approximately 89% of our outstanding common stock.

We were incorporated as a Delaware corporation in 1967. Our principal subsidiary is The Continental Corporation, incorporated in 1968, which is the holding company of Continental Casualty Company ("CCC"), incorporated in 1897. The principal subsidiary of CCC is Western Surety Company ("WSC"), incorporated in 1900.

Our principal business is property and casualty insurance. CCC, WSC and each of their property and casualty insurance affiliates generally conduct our property and casualty insurance operations, including surety. Our Life & Group insurance operation primarily includes long term care business that is in run-off. The principal market for insurance products offered by us is the United States, with a strong and expanding market presence in Canada and Europe.

Our headquarters are located at 151 N. Franklin Street, Chicago, Illinois 60606 and our telephone number is (312) 822-5000.

FORWARD-LOOKING STATEMENTS

This prospectus, the documents that we incorporate by reference in this prospectus and any related prospectus supplement may contain statements that are forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are not guarantees of future

Table of Contents

performance and involve certain risks, uncertainties and assumptions that are difficult to predict. Actual outcomes and results may differ materially from those expressed in, or implied by, our forward-looking statements. Words such as "expects," "anticipates," "believes," "estimates" and other similar expressions or future or conditional verbs such as "will," "should," "would" and "could" are intended to identify such forward-looking statements. You should not rely solely on the forward-looking statements, which are qualified in their entirety by reference to, and are accompanied by, the important factors described in our Annual Report on Form 10-K for the year ended December 31, 2018, which is incorporated by reference herein, including under the headings "Risk Factors" and "Forward-Looking Statements," as updated by our other SEC filings filed after such Annual Report. You should consider all uncertainties and risks contained in or incorporated by reference into this prospectus and any related prospectus supplement. Forward-looking statements speak only as of the date they are made, and we undertake no obligation to update any forward-looking statement.

RISK FACTORS

Our business, and an investment in the securities, is subject to uncertainties and risks. You should carefully consider and evaluate all of the information included and incorporated by reference in this prospectus, including the risk factors incorporated by reference from our most recent Annual Report on Form 10-K, as updated by other SEC filings filed after such report, as well as any risks described in any applicable prospectus supplement. Our business, financial condition, results of operations and prospects could be materially adversely affected by any of these risks. The occurrence of any of these risks may cause you to lose all or part of your investment.

USE OF PROCEEDS

Except as otherwise described in the applicable prospectus supplement, the net proceeds from the sale of the securities offered pursuant to this prospectus will be added to our general funds and used for general corporate purposes which may include, but are not limited to, prepayment of other debt and capital contributions to our subsidiaries to support such subsidiaries' operations.

SECURITIES TO BE OFFERED

Securities to be offered

The following types of securities may be offered and sold from time to time under this prospectus:

- (1) our senior debt securities;
 (2) our subordinated debt securities, which together with the senior debt securities, are collectively referred to in this prospectus as the "debt securities";
 (3) our subordinated junior debt securities, which are referred to in this prospectus as the "junior debt securities";
 (4) shares of our common stock, par value \$2.50 per share;
- shares of our preferred stock, no par value, which may be represented by depositary shares;
- (6) warrants to purchase our debt securities, junior debt securities, common stock, preferred stock or depositary shares;
- purchase contracts to purchase any of our debt securities, junior debt securities, common stock, preferred stock, depositary shares or warrants, which are collectively referred to in this prospectus as the "purchase contract securities"; and

(8)

purchase units, each representing ownership of a purchase contract and any of (x) our debt securities or junior debt securities and/or (y) debt obligations of third parties, including

Table of Contents

treasury bonds and similar obligations of the United States, securing the holder's obligations to purchase the applicable purchase contract securities under the purchase contract.

Any of the securities may be offered and sold in one or more separate classes or series, in amounts, at prices and on terms to be determined by market conditions at the time of sale and set forth in a prospectus supplement. The securities offered pursuant to this prospectus may be sold for U.S. dollars, foreign denominated currency or currency units. Similarly, the amounts payable by us as dividends, interest, principal or other distributions also may be payable in U.S. dollars, foreign denominated currency or currency units. Debt securities and junior debt securities may consist of debentures, notes or other evidences of indebtedness. We will describe all of these terms in the prospectus supplement relating to the applicable offering.

You should read the summaries below of the securities offered pursuant to this prospectus, as well as the description of the particular securities in any applicable prospectus supplement.

DESCRIPTION OF THE DEBT SECURITIES

The debt securities will consist of notes, debentures or other evidences of indebtedness. Debt securities may be issued from time to time in one or more series. The senior debt securities will be issued under an indenture, dated March 1, 1991, between us and The Bank of New York Mellon Trust Company, N.A. as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), a national banking association, as trustee, as supplemented by a first supplemental indenture, dated as of October 15, 1993, by a second supplemental indenture, dated as of December 15, 2004 and by a third supplemental indenture, dated as of February 24, 2016, among us, The Bank of New York Mellon Trust Company, N.A., as first trustee, and U.S. Bank National Association, as separate trustee, under such Indenture in respect of the 4.500% Senior Notes Due 2026 and the 3.450% Senior Notes due 2027. The indenture, as supplemented, governing the senior debt securities is referred to in this prospectus as the "senior indenture." The subordinated debt securities will be issued under an indenture to be entered into between us and The Bank of New York Mellon Trust Company, N.A., as trustee. The indenture governing the subordinated debt is referred to in this prospectus as the "subordinated indenture," and the senior indenture and the subordinated indenture are sometimes referred to collectively as the "indentures" and individually as the "indenture." References hereinafter to "trustee" are collectively references to The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), in its capacity as first trustee under the senior indenture except with respect of the 4.500% Senior Notes Due 2026 and the 3.450% Senior Notes due 2027, U.S. Bank National Association, in its capacity as separate trustee under the senior indenture with respect of the 4.500% Senior Notes Due 2026 and the 3.450% Senior Notes due 2027, and The Bank of New York Mellon Trust Company, N.A., in its capacity as trustee under the subordinated indenture.

Each of the indentures has been qualified under the Trust Indenture Act of 1939 and is subject to that Act. Copies of the senior indenture and the form of the subordinated indenture are included as exhibits to the registration statement of which this prospectus forms a part. The following description summarizes the material terms of the indentures and the debt securities. Because it is only a summary, it does not contain all of the details found in the full text of the debt securities and the indentures, including the definitions of certain terms used in the description of the debt securities in this prospectus, and other terms that are made a part of the indentures by the Trust Indenture Act of 1939.

The indentures are substantially identical except for provisions relating to subordination. Any debt securities offered by this prospectus and any accompanying prospectus supplement are referred to herein as the "offered debt securities."

Table of Contents

General

The indentures do not limit the aggregate principal amount of debt securities that may be issued thereunder and provide that debt securities may be issued from time to time in one or more series and may be denominated and payable in U.S. dollars, foreign currencies or units based on or related to foreign currencies. Offered debt securities may be sold at par, a premium or an original issue discount. Offered debt securities sold at an original issue discount may bear no interest or interest at a below market rate. The specific terms of a series of offered debt securities will be established in or pursuant to a resolution of our board of directors and/or in one or more supplemental indentures. Pursuant to the indentures, we can establish different rights with respect to each series of debt securities issued under the indentures.

The applicable prospectus supplement may, to the extent applicable, provide information for the following terms of the offered debt securities to the extent such terms are applicable to such offered debt securities:

the title of such offered debt securities and the particular series thereof;

any limit on the aggregate principal amount of such offered debt securities;

whether such offered debt securities will be senior or subordinated;

whether such offered debt securities are to be issuable in registered form, referred to in this prospectus as "registered securities," or bearer form, referred to in this prospectus as "bearer securities," or both, whether any of such offered debt securities are to be issuable initially in temporary global form and whether any of such offered debt securities are to be issuable in permanent global form, all of which are referred to in this prospectus as "global securities";

the price or prices (generally expressed as a percentage of the aggregate principal amount thereof) at which such offered debt securities will be issued:

the date or dates on which such offered debt securities will mature;

the interest rate or rates per annum for the offered debt securities, or the formula by which such interest rate or rates shall be determined for the offered debt securities, the dates from which any such interest on the offered debt securities will accrue and the circumstances, if any, under which we may reset such interest rate or interest rate formula;

the interest payment dates on which any such interest on such offered debt securities will be payable, the regular record date for any interest payable on such offered debt securities that are registered securities on any interest payment date, and the extent to which, or the manner in which any interest payable on global securities on an interest payment date will be paid if other than in the manner described below under "Global Securities";

the person to whom interest on any registered securities of such series will be payable, if other than the person in whose name such offered debt securities (or one or more predecessor offered debt securities) is registered at the close of business on the regular record date for such payment, and the manner in which, or the person to whom, any interest on any bearer securities of such series will be payable, if otherwise than upon presentation and surrender of the coupons thereto;

if other than the principal amount of such offered debt securities, the portion of the principal amount of such offered debt securities which shall be payable upon declaration of acceleration of the maturity thereof or provable in bankruptcy;

any mandatory or optional sinking fund or analogous provisions;

Table of Contents

each office or agency where, subject to the terms of the applicable indenture as described below under "Payments and Paying Agents," the principal of any interest on such offered debt securities will be payable and each office or agency where, subject to the terms of the applicable indenture as described below under "Denominations, Registration and Transfer," such offered debt securities may be presented for registration of transfer or exchange;

the date, if any, after which and the price or prices at which, such offered debt securities may be redeemed, pursuant to any optional or mandatory redemption provisions, in whole or in part, and the other detailed terms and provisions of any such optional or mandatory redemption provisions;

the denominations in which such offered debt securities which are registered securities will be issuable, if other than denominations of U.S. \$1,000 and any integral multiple thereof, and the denomination in which such offered debt securities which are bearer securities will be issuable, if other than denominations of U.S. \$5,000;

the currency or currencies of payment of principal of and any premium and interest on such offered debt securities;

any index used to determine the amount of payments of principal or any interest on such debt securities different from those described herein;

the application, if any, of any restrictive covenants or events of default that are in addition to or different from those described herein:

the form of such offered debt securities; and

any other terms and provisions of such offered debt securities not inconsistent with the terms and provisions of the applicable indenture including, without limitation, any restrictive covenants which may be applicable to us for the benefit of the holders of such offered debt securities.

Any such prospectus supplement will also describe any special provisions for the payment of additional amounts with respect to such offered debt securities. Offered debt securities of any series may be issued in one or more tranches as described in the applicable prospectus supplement.

If the purchase price of any of the offered debt securities is payable in a foreign currency or currencies or foreign currency unit or units or if the principal of and any premium and interest on any series of debt securities are payable in a foreign currency or currencies or foreign currency unit or units, the restrictions, elections, general tax considerations, specific terms and other information with respect to such issue of debt securities and such foreign currency or currencies or foreign currency unit or units will be described in the applicable prospectus supplement.

Ranking and Subordination

Senior Debt Securities

The senior debt securities will rank equally with all of our other unsecured and unsubordinated indebtedness. As of March 31, 2019, we had approximately \$2.7 billion aggregate principal amount of indebtedness for borrowed money which would rank *pari passu* with the senior debt securities, none of which was secured. The senior indenture does not limit the amount of debt, either secured or unsecured, that we may issue under the senior indenture or otherwise. Because we are a holding company, the senior debt securities will be structurally subordinated to all existing and future liabilities of our subsidiaries, which as of March 31, 2019 were approximately \$44 billion. The senior debt securities will be effectively subordinated to all our current and future secured indebtedness to the extent of the value of the assets securing such indebtedness.

Table of Contents

Subordinated Debt Securities.

Indebtedness evidenced by the subordinated debt securities will be subordinated in right of payment, as set forth in the subordinated indenture, to the prior payment in full of all our existing and future senior indebtedness. Senior indebtedness is defined in the subordinated indenture as the principal of and interest on (including any interest that accrues after or would have accrued but for the filing of a petition initiating any proceeding pursuant to any bankruptcy law, regardless of whether such interest is allowed or permitted to the holder of such debt against our bankruptcy or any other insolvency estate in such proceeding) and other amounts due on or in connection with any debt incurred, assumed or guaranteed by us, whether outstanding on the date of the subordinated indenture or thereafter incurred, assumed or guaranteed, and all renewals, extensions and refunds of any such debt. Amounts outstanding under any senior debt securities will be included in senior indebtedness. Excluded from the definition of senior indebtedness are the following: (a) any debt which expressly provides (i) that such debt shall not be senior in right of payment to the subordinated debt securities, and (b) any of our other debt, unless such debt expressly provides that such debt shall be senior in right of payment to the subordinated debt securities; and (b) any of our debt in respect of the subordinated debt securities. As of March 31, 2019, we had approximately \$2.7 billion aggregate principal amount of indebtedness for borrowed money which would rank senior to the subordinated debt securities and no borrowings which would rank junior or equal with the subordinated debt securities. Because we are a holding company, the senior debt securities will be structurally subordinated to all existing and future liabilities of our subsidiaries, which as of March 31, 2019 were approximately \$44 billion.

By reason of such subordination, in the event of dissolution, insolvency, bankruptcy or other similar proceedings, upon any distribution of assets: (i) the holders of subordinated debt securities will be required to pay over their share of such distribution to the holders of senior indebtedness until such senior indebtedness is paid in full; and (ii) the holders of junior debt securities may recover less, ratably, than holders of senior indebtedness and holders of subordinated debt securities.

In the event that the subordinated debt securities are declared due and payable prior to their stated maturity by reason of the occurrence of an event of default, we are obligated to notify holders of senior indebtedness promptly of such acceleration. We may not pay the subordinated debt securities until 179 days have passed after such acceleration occurs and may thereafter pay the subordinated debt securities if the terms of the subordinated indenture otherwise permit payment at that time.

No payment of the principal, issue price plus accrued original issue discount (if any), redemption price, interest, if any, or any other amount payable with respect to any subordinated debt securities may be made, nor may we acquire any subordinated debt securities except as described in the subordinated indenture, if any default with respect to senior indebtedness occurs and is continuing that permits the acceleration of the maturity of the senior indebtedness and either such default is the subject of judicial proceedings or we receive notice of the default, unless:

179 days pass after notice of the default is given and such default is not then the subject of judicial proceedings or the default with respect to the senior indebtedness is cured or waived; and

the terms of the subordinated indenture otherwise permit the payment or acquisition of the subordinated debt securities at that time.

Denominations, Registration and Transfer

The offered debt securities will be issuable as registered securities, bearer securities or both. Offered debt securities may be issuable in the form of one or more global securities, as described below under "Global Securities." Unless otherwise provided in the applicable prospectus supplement,

Table of Contents

registered securities denominated in U.S. dollars will be issued only in denominations of \$1,000 or any integral multiple thereof and bearer securities denominated in U.S. dollars will be issued only in denominations of \$5,000 with coupons attached. Global securities will be issued in a denomination equal to the aggregate principal amount of outstanding offered debt securities represented by such global securities. The prospectus supplement relating to offered debt securities denominated in a foreign or composite currency will specify the denominations for these offered debt securities.

In connection with its original issuance, no bearer securities shall be mailed or otherwise delivered to any location in the United States (as defined below under "Limitations on Issuance of Bearer Securities") and bearer securities may be delivered in connection with their original issuance only if the person entitled to receive such bearer securities furnishes written certification, in the form required by the applicable indenture, to the effect that such bearer securities are not being acquired by or on behalf of a United States person (as defined below under "Limitations on Issuance of Bearer Securities"), or, if a beneficial interest in such bearer securities is being acquired by or on behalf of a United States person, that such United States person is a financial institution (as defined in Treasury Regulation Section 1.165-12(c)(1)(v)) that is purchasing for its own account or for the account of a customer and which agrees to comply with the requirements of Section 1 65(j)(3)(A), (B) or (C) of the United States Internal Revenue Code of 1986, as amended, and the regulations thereunder.

Registered securities of any series will be exchangeable for other registered securities of the same series and of a like aggregate principal amount and tenor of different authorized denominations. In addition, if offered debt securities of any series are issuable as both registered securities and as bearer securities, at the option of the holder upon request confirmed in writing, and subject to the terms of the applicable indenture, bearer securities (with all unmatured coupons, except as provided below, and all matured coupons in default attached) of such series will be exchangeable for registered securities of the same series of any authorized denominations and of a like aggregate principal amount and tenor. Unless otherwise indicated in an applicable prospectus supplement, any bearer securities surrendered in exchange for registered securities between a record date and the relevant date for payment of interest shall be surrendered without the coupon relating to such date for payment of interest attached and interest will not be payable in respect of the registered securities issued in exchange for such bearer securities, but will be payable only to the holder of such coupon when due in accordance with the terms of the applicable indenture. Except as provided in an applicable prospectus supplement, bearer securities will not be issued in exchange for registered securities.

Offered debt securities may be presented for exchange as provided above, and registered securities (other than global securities) may be presented for registration of transfer (with the form of transfer duly executed), at the office of the security registrar we designate or at the office of any transfer agent we designate for such purpose with respect to any series of offered debt securities and referred to in an applicable prospectus supplement, without service charge and upon payment of any taxes and other governmental charges as described in the applicable indenture. Such transfer or exchange will be made when the security registrar or such transfer agent, as the case may be, is satisfied with the documents of title and identity of the person making the request. We have initially appointed the trustee as the security registrar under the indentures. If a prospectus supplement refers to any transfer agent, in addition to the security registrar, we initially designate with respect to any series of offered debt securities, we may at any time rescind the designation of any such transfer agent or approve a change in the location through which any such transfer agent acts. Exceptions to the prior sentence will occur if offered debt securities of a series are issuable only as registered securities. We will be required to maintain a transfer agent in each place of payment for such series. Similarly, if offered debt securities of a series are issuable as bearer securities, then we will be required to maintain, in addition to the security registrar, a transfer agent in a place of payment for such series located outside the United States. We may at any time designate additional transfer agents with respect to any series of offered debt securities.

Table of Contents

In the event of any redemption, neither we nor the trustee shall be required to: (i) issue, register the transfer of or exchange offered debt securities of any series during a period beginning at the opening of business 15 days before the day of the mailing or electronic delivery of a notice of redemption of offered debt securities of that series selected to be redeemed and ending at the close of business (a) if offered debt securities of the series are issuable only as registered securities, the day of mailing or electronic delivery of the relevant notice of redemption, and (b) if offered debt securities of the series are issuable as bearer securities, the day of the first publication of the relevant notice of redemption or, if offered debt securities of that series are also issuable as registered securities and there is no publication, the mailing or electronic delivery of the relevant notice of redemption; (ii) register the transfer of or exchange any registered securities or portion thereof called for redemption, except the unredeemed portion of any registered securities being redeemed in part; or (iii) exchange any bearer securities called for redemption, except to exchange such bearer securities for registered securities of that series and like tenor which are immediately surrendered for redemption.

Payments and Paying Agents

Unless otherwise indicated in an applicable prospectus supplement, payment of principal of and any interest on registered securities (other than global securities) will be made at the office of such paying agent or paying agents as we may designate from time to time, except that, at our option, payment of any interest may be made by check mailed to the address of the payee entitled thereto as such address shall appear in the security register. Unless otherwise indicated in an applicable prospectus supplement, payment of any installment of interest on registered securities will be made to the person in whose name such registered securities are registered at the close of business on the regular record date for such interest payment.

Unless otherwise indicated in an applicable prospectus supplement, payment of principal of and any premium and interest on bearer securities will be payable (subject to applicable laws and regulations) at the offices of such paying agent or paying agents as we may designate from time to time, except that, at our option, payment of any interest may be made by check mailed to the address of the payee entitled thereto as such address shall appear in the security register. Unless otherwise indicated in an applicable prospectus supplement, payment of any installment of interest on registered securities will be made to the person in whose name such registered securities are registered at the close of business on the regular record date for such interest payment.

Unless otherwise indicated in an applicable prospectus supplement, payment of principal of and any premium and interest on bearer securities will be payable (subject to applicable laws and regulations) at the offices of such paying agent or paying agents outside the United States as we may designate from time to time, except that, at our option, payment of any interest may be made by check or by wire transfer to an account maintained by the payee outside the United States. Unless otherwise indicated in an applicable prospectus supplement, payment of interest on bearer securities on any interest payment date will be made only against surrender of the coupon relating to such interest payment date. No payment with respect to any bearer securities will be made at any of our offices or agencies in the United States or by check mailed to any address in the United States or by wire transfer to an account maintained in the United States. Payments will not be made in respect of bearer securities or coupons relating to those bearer securities pursuant to presentation to us or our paying agents within the United States. Notwithstanding the foregoing, payment of principal of and any interest on bearer securities denominated and payable in U.S. dollars will be made at the office of our paying agent in the United States if, and only if, payment of the full amount thereof in U.S. dollars at all offices or agencies outside the United States is illegal or effectively precluded by exchange controls or other similar restrictions and we have delivered to the trustee an opinion of counsel to that effect.

Table of Contents

Unless otherwise indicated in an applicable prospectus supplement, the principal office of the trustee in the City of New York will be designated as our sole paying agent for payments with respect to offered debt securities which are issuable solely as registered securities. Any paying agent outside the United States and any other paying agent in the United States that we initially designate for the offered debt securities will be named in the applicable prospectus supplement. We may at any time designate additional paying agents or rescind the designation of any paying agent or approve a change in the office through which any paying agent acts, except that, if offered debt securities of a series are issuable only as registered securities, we will be required to maintain a paying agent in each place of payment of such series and, if offered debt securities of a series are issuable as bearer securities, we will be required to maintain (i) a paying agent in each place of payment for such series in the United States for payments with respect to any registered securities of such series (and for payments with respect to bearer securities of such series in the circumstances described above, but not otherwise), (ii) a paying agent in each place of payment located outside the United States where offered debt securities of such series and any coupons belonging thereto may be presented and surrendered for payment; provided that if the offered debt securities of such series are listed on The International Stock Exchange, the London Stock Exchange or the Luxembourg Stock Exchange or any other stock exchange located outside the United States and such stock exchange shall so require, we will maintain a paying agent in London or Luxembourg or any other required city located outside the United States, as the case may be, for offered debt securities of such series, and (iii) a paying agent in each place of payment located outside the United States where (subject to applicable laws and regulations) registered securities of such series may be surrendered for registration of transfer or exchange and where notices and demands to or upon us may be served.

All monies we pay to a paying agent for the payment of principal of and any interest on any offered debt securities that remains unclaimed for at least two years after such principal, premium, if any, or interest has become due and the payable will be repaid, at our request, to us. After this repayment, the holder of such offered debt securities or any coupon relating thereto will look only to us for payment thereof.

Global Securities

The offered debt securities of a series may be issued in whole or in part in the form of one or more global securities that will be deposited with, or on behalf of, a depositary identified in the prospectus supplement relating to such series. Global securities may be issued only in fully registered form and may be issued in either temporary or permanent form. Unless and until it is exchanged in whole or in part for the individual offered debt securities represented thereby, global securities may not be transferred except as a whole by the depositary for such global securities to a nominee of such depositary or by a nominee of such depositary or another nominee of such depositary or by the depositary or any nominee of such depositary to a successor depositary or any nominee of such successor.

The specific terms of the depositary arrangement with respect to a series of offered debt securities will be described in the prospectus supplement relating to such series. We anticipate that the following provisions will generally apply to depositary arrangements.

Upon the issuance of global securities, the depositary for such global securities or its nominee will credit on its book-entry registration and transfer system the respective principal amounts of the individual offered debt securities represented by such global securities to the accounts of persons that have accounts with such depositary, who are referred to in this prospectus as "participants." Such accounts shall be designated by the underwriters, dealers or agents with respect to such offered debt securities or by us if such offered debt securities are offered and sold directly by us. Ownership of beneficial interests in global securities will be limited to participants or persons that may hold interests through participants. Ownership of beneficial interests in such global securities will be shown on, and

Table of Contents

the transfer of that ownership will be effected only through, records maintained by the applicable depositary or its nominee (with respect to interests of participants) and records of participants (with respect to interests of persons who hold through participants). The laws of some states require that certain purchasers of securities take physical delivery of such securities in definitive form. Such limits and such laws may impair the ability to own, pledge or transfer beneficial interest in global securities.

So long as the depositary for global securities or its nominee is the registered owner of such global securities, such depositary or such nominee, as the case may be, will be considered the sole owner or holder of the offered debt securities represented by such global securities for all purposes under the applicable indenture. Except as provided below, owners of beneficial interests in global securities will not be entitled to have any of the individual offered debt securities of the series represented by such global securities registered in their names, will not receive or be entitled to receive physical delivery of any such offered debt securities of such series in definitive form and will not be considered the owners or holders thereof under the applicable indenture.

Payments of principal of and any premium and any interest on individual offered debt securities represented by global securities registered in the name of a depositary or its nominee will be made to the depositary or its nominee, as the case may be, as the registered owner of the global securities representing such offered debt securities. None of us, the trustee, any paying agent or the security registrar for such offered debt securities will have any responsibility or liability for any aspect of the records relating to or payments made on account of beneficial ownership interests in the global securities for such offered debt securities or for maintaining, supervising or reviewing any records relating to such beneficial ownership interests.

We expect that the depositary for a series of offered debt securities or its nominee, upon receipt of any payment of principal, premium or interest in respect of permanent global securities representing any of such offered debt securities, immediately will credit participants' accounts with payments in amounts proportionate to their respective beneficial interest in the principal amount of such global securities for such offered debt securities as shown on the records of such depositary or its nominee. We also expect that payments by participants to owners of beneficial interests in such global securities held through such participants will be governed by standing instructions and customary practices, as is now the case with securities held for the accounts in bearer form or registered in "street name." Such payments will be the responsibility of such participants.

If a depositary for a series of offered debt securities is at any time unwilling, unable or ineligible to continue as depositary and we do not appoint a successor depositary within 90 days, we will issue individual offered debt securities of such series in exchange for the global securities representing such series of offered debt securities. In addition, we may, at any time and in our sole discretion, subject to any limitations described in the prospectus supplement relating to such offered debt securities, determine not to have any offered debt securities of such series represented by one or more global securities and, in such event, will issue individual offered debt securities of such series in exchange for the global securities representing such series of offered debt securities. Individual offered debt securities of such series so issued will be issued in denominations, unless we otherwise specify, of \$1,000 and integral multiples thereof.

Limitations on Issuance of Bearer Securities

In compliance with United States federal tax laws and regulations, bearer securities may not be offered, sold, resold or delivered in connection with their original issuance in the United States or to a United States person (each as defined below) other than to a qualifying foreign branch of a United States financial institution, and any underwriters, agents and dealers participating in the offering of offered debt securities must agree that they will not offer any bearer securities for sale or resale in the United States or to a United States person (other than to a qualifying foreign branch of a United

Table of Contents

States financial institution) or deliver bearer securities within the United States. In addition, any such underwriters, agents and dealers must agree to send confirmations to each purchaser of bearer securities confirming that such purchaser represents that it is not a United States person or is a qualifying foreign branch of a United States financial institution and, if such person is a dealer, that it will send similar confirmations to purchasers from it. The term "qualifying foreign branch of a United States financial institution" means a branch located outside the United States of a United States securities clearing organization, bank or other financial institution listed under Treasury Regulation Section 1.165-12(c)(1)(v) that agrees to comply with the requirements of Section 165(j)(3)(A), (B) or (C) of the Internal Revenue Code and the regulations thereunder.

Bearer securities and any coupons relating thereto will bear a legend substantially to the following effect: "Any United States person who holds this obligation will be subject to limitations under the United States income tax laws, including the limitations provided in Sections 165(j) and 1287(a) of the Internal Revenue Code, holders that are United States persons, with certain exceptions, will not be entitled to deduct any loss on bearer securities and must treat as ordinary income, any gain realized on the sale or other disposition (including the receipt of principal) of bearer securities.

The term "United States person" means a citizen or resident of the United States, a corporation, partnership or other entity created or organized in or under the laws of the United States or of any political subdivision thereof, an estate or, for taxable years beginning before January 1, 1997, a trust the income of which is subject to United States federal income taxation regardless of its source or, for taxable years beginning after December 31, 1996, a trust if a U.S. court is able to exercise primary supervision over the administration of the trust and one or more U.S. fiduciaries have the authority to control all substantial decisions of the trust. The term "United States" means the United States of America (including the states and the District of Columbia), its territories, its possessions and other areas subject to its jurisdiction (including the Commonwealth of Puerto Rico).

Defeasance

The indentures provide that we will be discharged from any and all obligations in respect of the debt securities of any series (except for certain obligations to register the transfer or exchange of debt securities of such series, to replace stolen, lost or mutilated debt securities of such series, to maintain paying agencies and to hold monies for payment in trust) upon the deposit with the trustee for such series of debt securities in trust of money and/or U.S. government obligations in an amount sufficient to pay the principal of and each installment of interest, if any, on the debt securities of such series on the maturity of such payments in accordance with the terms of the applicable indenture and the debt securities of such series. Such a trust may only be established if, among other things, we have delivered to such trustee an opinion of counsel (who may be our counsel) to the effect that (i) holders of the debt securities of such series will not recognize income, gain or loss for federal income tax purposes as a result of such deposit, defeasance and discharge and will be subject to federal income tax on the same amounts and in the same manner and at the same times, as would have been the case if such deposit, defeasance and discharge had not occurred, and (ii) the debt securities of such series, if then listed on The New York Stock Exchange, will not be delisted as a result of such deposit, defeasance and discharge.

The indentures provide that, if applicable, we may omit to comply with any additional restrictive covenants imposed on us in connection with the establishment of any series of debt securities and that clause (d) under "Events of Default" below with respect to such restrictive covenants and clause (e) under "Events of Default" shall not be deemed to be an event of default under the applicable indenture and the debt securities of any series, upon the deposit with the trustee under the applicable indenture, in trust of money and/or U.S. government obligations which through the payment of interest and principal in respect thereof in accordance with their terms will provide money in an amount

Table of Contents

sufficient to pay the principal of, and each installment of interest, if any, on the debt securities of such series on the maturity of such payments in accordance with the terms of the applicable indenture and the debt securities of such series. Our obligations under the applicable indenture and debt securities of such series other than with respect to the covenants referred to above and the events of default other than the events of default referred to above shall remain in full force and effect. Such a trust may only be established if, among other things, we have delivered to the trustee an opinion of counsel (who may be our counsel) to the effect that (i) the holders of the debt securities of such series will not recognize income, gain or loss for federal income tax purposes as a result of such deposit and defeasance of certain covenants and events of default and will be subject to federal income tax on the same amounts and in the same manner and at the same times, as would have been the case if such deposit and defeasance had not occurred, and (ii) the debt securities of such series, if then listed on The New York Stock Exchange, will not be delisted as a result of such deposit and defeasance.

In the event we exercise our option to omit compliance with certain covenants of an indenture with respect to the debt securities of any series as described above and the debt securities of such series are declared due and payable because of the occurrence of any event of default other than an event of default described in clauses (d) or (e) under "Events of Default," the amount of money and U.S. government obligations on deposit with the trustee will be sufficient to pay amounts due on the debt securities of such series at the time of the acceleration resulting from such event of default. However, we will remain liable for such payments.

The term "U.S. government obligations" means direct noncallable obligations of, or noncallable obligations guaranteed by, the United States or an agency thereof for the payment of which guarantee or obligation, the full faith and credit of the United States is pledged.

Modification of the Indentures

The indentures contain provisions permitting us and the trustee, with the consent of the holders of a majority of the principal amount of the debt securities of each series then outstanding under such indenture, to execute supplemental indentures adding any provisions to or changing or eliminating any of the provisions of the applicable indenture or modifying the rights of the holders of the debt securities of such series, except that no such supplemental indenture may, among other things, (i) extend the final maturity of any debt securities, or reduce the rate or extend the time of payment of interest thereon, or reduce the principal amount thereof, impair the right to institute suit for payment thereof or reduce any amount payable upon any redemption thereof without the consent of the holder of the debt securities so affected, or (ii) reduce the aforesaid percentage of debt securities, the consent of the holders of which is required for any such supplemental indenture, without the consent of the holders of all outstanding debt securities. Our board of directors does not have the power to waive any of the covenants of the indentures including those relating to consolidation, merger or sale of assets.

Events of Default

An event of default with respect to any series of debt securities is defined in the indentures as being:

- (a) a default by us for 30 days in the payment of any installment of interest on the debt securities of such series;
- (b) a default by us in the payment of any principal on the debt securities of such series when due;
- (c) a default by us in the payment of any sinking fund installment with respect to such series of debt securities;
- (d)
 a default by us in the performance of any of the agreements in the applicable indenture contained therein for the benefit of the debt securities of such series which shall not have

Table of Contents

been remedied within a period of 60 days after receipt of written notice by us from the trustee for such series of debt securities or by us and such trustee from the holders of not less than 25% in principal amount of the offered debt securities of such series then outstanding;

- (e) with respect to any series of offered debt securities (unless otherwise specified in the accompanying prospectus supplement), the acceleration, or failure to pay at maturity, of any of our indebtedness for money borrowed exceeding \$100,000,000 in principal amount, which acceleration is not rescinded or annulled or indebtedness paid within 15 days after the date on which written notice thereof shall have first been given to us as provided in the applicable indenture;
- (f)

 certain events with respect to our bankruptcy, insolvency or reorganization, with the occurrence of any such event being referred to in this prospectus as a "bankruptcy default;" or
- (g) any other event of default established in accordance with the applicable indenture with respect to any series of debt securities.

No event of default (other than a bankruptcy default) with respect to a particular series of debt securities necessarily constitutes an event of default with respect to any other series of debt securities.

The indentures provide that if an event of default with respect to any series of debt securities shall have occurred and is continuing, either the trustee with respect to the debt securities of that series or the holders of at least 25% in aggregate principal amount of debt securities of that series then outstanding may declare the principal amount (or, if the debt securities of that series were sold at an original issue discount, such portion of the principal amount as may be specified in the terms of that series) of all the debt securities of that series and interest, if any, accrued thereon to be due and payable immediately, but upon certain conditions such declaration may be annulled and past defaults (except, unless theretofore cured, a default in payment of principal of or interest on debt securities of that series) may be waived by the holders of a majority in principal amount of the debt securities of that series then outstanding.

The indentures each contain a provision entitling the trustee with respect to any series of debt securities, subject to the duty of the trustee during default to act with the required standard of care, to be indemnified by the holders of debt securities of such series before proceeding to exercise any right or power under the applicable indenture at the request of the holders of such debt securities. The indentures also provide that the holders of a majority in principal amount of the outstanding debt securities of any series may direct the time, method and place of conducting any proceeding for any remedy available to the trustee for such series of debt securities, or exercising any trust or power conferred on such trustee, with respect to the debt securities of such series. The indentures each contain a covenant that we will file annually with the trustee a certificate as to the absence of any default or specifying any default that exists.

No holder of any debt securities of any series will have any right to institute any proceeding with respect to the applicable indenture or for any remedy under such indenture, unless (i) such holder previously shall have given the trustee for such series of debt securities written notice of an event of default with respect to debt securities of that series and (ii) the holders of at least 25% in aggregate principal amount of the outstanding debt securities of that series shall have made written request, and offered reasonable indemnity, to such trustee to institute such proceeding as trustee, and such trustee shall not have received from the holders of a majority in aggregate principal amount of the outstanding debt securities of that series a direction inconsistent with such request and shall have failed to institute such proceeding within 60 days. However, any right of a holder of any debt securities to receive payment of the principal of and any interest on such debt securities on or after the due dates expressed in such debt securities and to institute suit for the enforcement of any such payment on or after such dates shall not be impaired or affected without consent of such holder.

Table of Contents

Consolidation, Merger and Sale of Assets

We covenant that we will not merge or consolidate with any other corporation or sell or convey all or substantially all of our assets to any person, unless (i) either we shall be the continuing corporation, or the successor corporation or the person which acquires by sale or conveyance substantially all of our assets (if other than us) shall be a corporation organized under the laws of the United States or any state thereof and shall expressly assume the due and punctual payment of the principal of and interest on all the debt securities, according to their tenor, and the due and punctual performance and observance of all of the covenants and conditions of the applicable indenture to be performed or observed by us, by supplemental indenture satisfactory to the trustee, executed and delivered to the trustee by such corporation, and (ii) we or such successor corporation, as the case may be, shall not, immediately after such merger or consolidation, or such sale or conveyance, be in default in the performance of any such covenants or condition.

Other than the covenants described above, or as set forth in any accompanying prospectus supplement, the indentures and the debt securities do not contain any covenants or other provisions designed to afford holders of the debt securities protection in the event of a takeover, recapitalization or highly leveraged transaction in which we are involved.

No Personal Liability

No past, present or future director, officer, employee or stockholder, as such, of ours or any successor of ours shall have any liability for any of our obligations under the debt securities or the indentures or for any claims based on, in respect of, or by reason of, such obligations or their creation. Each holder of debt securities by accepting such debt securities waives and releases all such liability. The waiver and release are part of the consideration for the issue of the debt securities.

The Trustee

The trustee in its individual or any other capacity may become the owner or pledgee of debt securities and may otherwise deal with us or our affiliates with the same rights it would have if it were not the trustee provided it complies with the terms of the applicable indenture. The CNA Companies and the trustee may engage in normal and customary banking transactions from time to time.

DESCRIPTION OF JUNIOR DEBT SECURITIES

The junior debt securities may be issued in one or more series under a junior subordinated indenture to be entered into between us and The Bank of New York Mellon Trust Company, N.A., as trustee. The junior subordinated indenture is referred to in this prospectus as the "junior indenture, is referred to in this prospectus as the "junior indenture, is referred to in this prospectus as the "junior indenture trustee." The junior indenture has been qualified under the Trust Indenture Act of 1939 and is subject to that Act. The form of the junior indenture is included as an exhibit to the registration statement of which this prospectus forms a part. The following description summarizes the material terms of the junior indenture and the junior debt securities. Because it is only a summary, it does not contain all of the details found in the full text of the junior debt securities and the junior indenture, including the definitions of certain terms used in the description of the junior debt securities in this prospectus, and those terms made a part of the junior indenture by the Trust Indenture Act of 1939.

General

The junior indenture does not limit the aggregate principal amount of junior debt securities that may be issued thereunder and provides that junior debt securities may be issued from time to time in one or more series and may be denominated and payable in U.S. dollars, foreign currencies or units

Table of Contents

based on or related to foreign currencies. Junior debt securities may be sold at par, a premium or a discount. As of March 31, 2019, we had approximately \$2.7 billion aggregate principal amount of indebtedness for borrowed money which would rank senior to the junior debt securities, and no such indebtedness which is equal or junior to the junior debt securities. Because we are a holding company, the senior debt securities will be structurally subordinated to all existing and future liabilities of our subsidiaries, which as of March 31, 2019 were approximately \$44 billion.

The junior debt securities will be issuable in one or more series pursuant to an indenture supplemental to the junior indenture or a resolution of our board of directors or a committee thereof.

The applicable prospectus supplement may, to the extent applicable, provide information for the following terms of the junior debt securities:

the title of the junior debt securities or series thereof;

any limit upon the aggregate principal amount of the junior debt securities;

the date or dates on which the principal of the junior debt securities is payable, referred to in this prospectus as the "stated maturity," or the method of determination thereof;

the interest rate or rates, if any, for the junior debt securities, the dates on which any such interest shall be payable, our right, if any, to defer or extend an interest payment date, and the regular record date for any interest payable on any interest payment date or the method by which any of the foregoing shall be determined;

the place or places where, subject to the terms of the junior indenture as described below under "Payment and Paying Agents," the principal of and premium, if any, and interest on the junior debt securities will be payable and where, subject to the terms of the junior indenture as described below under "Denominations, Registration and Transfer," the junior debt securities may be presented for registration of transfer or exchange and the place or places where notices and demands to or upon us in respect of the junior debt securities and the junior indenture may be made, referred to in this prospectus as the "place of payment;"

our obligation or right, if any, to redeem, purchase or repay the junior debt securities and the period or periods within which, the price or prices at which, the currency or currencies (including currency unit or units) in which and the other terms and conditions upon which the junior debt securities shall be redeemed, repaid or purchased, in whole or in part, pursuant to such obligation;

the denominations in which any junior debt securities shall be issuable if other than denominations of \$25 and any integral multiple thereof;

if other than in U.S. dollars, the currency or currencies (including currency unit or units) in which the principal of (and premium, if any) and interest, if any, on the junior debt securities shall be payable, or which the junior debt securities shall be denominated;

any additions, modifications or deletions in our events of default or covenants specified in the junior indenture with respect to the junior debt securities;

if other than the principal amount thereof, the portion of the principal amount of junior debt securities that shall be payable upon declaration of acceleration of the maturity thereof;

any additions or changes to the junior indenture with respect to a series of junior debt securities as shall be necessary to permit or facilitate the issuance of such series in bearer form, registrable or not registrable as to principal, and with or without interest coupons;

any index or indices used to determine the amount of payments of principal of and premium, if any, on the junior debt securities and the manner in which such amounts will be determined;

16

Table of Contents

the terms and conditions relating to the issuance of a temporary global securities representing all of the junior debt securities of such series and the exchange of such temporary global securities for definitive junior debt securities of such series;

subject to the terms described below under "Global Junior Debt Securities," whether the junior debt securities of the series shall be issued in whole or in part in the form of one or more global securities (which are referred to in this prospectus as "global junior debt securities") and, in such case, the depositary for such global junior debt securities, which depositary shall be a clearing agency registered under the Securities Exchange Act of 1934;

the appointment of any paying agent or paying agents;

the terms and conditions of any obligation or right of ours or a holder to convert or exchange the junior debt securities into other securities;

the form of the trust agreement and guarantee agreement, if applicable;

the relative degree, if any, to which such junior debt securities of the series shall be senior to or be subordinated to our other series of such junior debt securities or our other indebtedness in right of payment, whether such other series of junior debt securities or other indebtedness are outstanding or not; and

any other terms of the junior debt securities not inconsistent with the provisions of the junior indenture.

If the purchase price of any of the junior debt securities is payable in a foreign currency or currencies or foreign currency unit or units or if the principal, premium, if any, and interest on any junior debt securities are payable in a foreign currency or currencies or currency unit or units, the restrictions, elections, general tax considerations, specific terms and other information with respect to such issue of junior debt securities and such foreign currency or currency units will be set forth in the applicable prospectus supplement.

Denominations, Registration and Transfer

Unless otherwise specified in the applicable prospectus supplement, the junior debt securities will be issuable only in registered form without coupons in denominations of \$25 and any integral multiple thereof. Junior debt securities of any series will be exchangeable for other junior debt securities of the same issue and series, of any authorized denominations, of a like aggregate principal amount, and bearing the same terms.

Junior debt securities may be presented for exchange as provided above, and may be presented for registration of transfer (with the form of transfer endorsed thereon, or a satisfactory written instrument of transfer, duly executed), at the office of the appropriate securities registrar or at the office of any transfer agent we designate for such purpose with respect to any series of junior debt securities and referred to in the applicable prospectus supplement, without service charge and upon payment of any taxes and other governmental charges as described in the junior indenture. We will appoint the junior indenture trustee as securities registrar under the junior indenture. If the applicable prospectus supplement refers to any transfer agents (in addition to the securities registrar) we initially designate with respect to any series of junior debt securities, we may at any time rescind the designation of any such transfer agent or approve a change in the location through which any such transfer agent acts, provided that we maintain a transfer agent in each place of payment for such series. We may at any time designate additional transfer agents with respect to any series of junior debt securities.

In the event of any redemption, neither we nor the junior indenture trustee shall be required to (i) issue, register the transfer of or exchange junior debt securities of any series during a period beginning at the opening of business 15 days before the day of selection for redemption of junior debt

Table of Contents

securities of that series and ending at the close of business on the day of mailing or electronic delivery of the relevant notice of redemption or (ii) transfer or exchange any junior debt securities so selected for redemption, except, in the case of any junior debt securities being redeemed in part, any portion thereof not to be redeemed.

Payment and Paying Agents

Unless otherwise indicated in the applicable prospectus supplement, payment of principal of (and premium, if any) and any interest on junior debt securities will be made at the office of the junior indenture trustee in the City of New York or at the office of such paying agent or paying agents as we may designate from time to time in the applicable prospectus supplement, except that at our option payment of any interest may be made (i) except in the case of global junior debt securities, by check mailed to the address of the person entitled thereto as such address shall appear in the securities register or (ii) by transfer to an account maintained by the person entitled thereto as specified in the securities register, provided that proper transfer instructions have been received by the regular record date. Unless otherwise indicated in the applicable prospectus supplement, payment of any interest on junior debt securities will be made to the person in whose name such junior debt securities is registered at the close of business on the regular record date for such interest, except in the case of defaulted interest. We may at any time designate additional paying agents or rescind the designation of any paying agent; however we will at all times be required to maintain a paying agent in each place of payment for each series of junior debt securities.

All monies we pay to the junior indenture trustee or any paying agent, or then held by us in trust, for the payment of the principal, premium, if any, or interest on any junior debt securities that remains unclaimed for two years after such principal, premium, if any, or interest has become due and payable, at our request, will be repaid to us. After this repayment, the holder of such junior debt securities will look only to us for payment thereof.

Global Junior Debt Securities

The junior debt securities of a series may be issued in whole or in part in the form of one or more global junior debt securities that will be deposited with, or on behalf of, a depositary identified in the prospectus supplement relating to such series. Global junior debt securities may be issued only in fully registered form and in either temporary or permanent form. Unless and until it is exchanged in whole or in part for the individual junior debt securities represented thereby, global junior debt securities may not be transferred except as a whole by the depositary for such global junior debt securities to a nominee of such depositary or by a nominee of such depositary or another nominee of such depositary or by the depositary or any nominee to a successor depositary or any nominee of such successor.

The specific terms of the depositary arrangement with respect to a series of junior debt securities will be described in the prospectus supplement relating to such series. We anticipate that the provisions described above under the subheading "Description of the Debt Securities" in the heading "Global Securities" will generally apply to depositary arrangements with respect to the junior debt securities, as if the junior debt securities were "debt securities" as discussed in that section.

Option to Extend Interest Payment Date

If provided in the applicable prospectus supplement, we shall have the right at any time and from time to time during the term of any series of junior debt securities to defer payment of interest for such number of consecutive interest payment periods as may be specified in the applicable prospectus supplement, each such period referred to in this prospectus as an "extension period," subject to the

Table of Contents

terms, conditions and covenants, if any, specified in such prospectus supplement; provided that such extension period may not extend beyond the stated maturity of such series of junior debt securities.

Redemption

Unless otherwise indicated in the applicable prospectus supplement, junior debt securities will not be subject to any sinking fund.

Unless otherwise indicated in the applicable prospectus supplement, we may, at our option, redeem the junior debt securities of any series in whole at any time or in part from time to time. Except as otherwise specified in the applicable prospectus supplement, the redemption price for any junior debt securities so redeemed shall equal any accrued and unpaid interest thereon to the redemption date, plus the principal amount thereof.

Notice of any redemption will be mailed (or otherwise electronically delivered) at least 30 days but not more than 60 days before the redemption date to each holder of junior debt securities to be redeemed at its registered address. Unless we default in payment of the redemption price, on and after the redemption date interest ceases to accrue on such junior debt securities or portions thereof called for redemption.

Modification of Junior Indenture

From time to time we and the junior indenture trustee may, without the consent of the holders of any series of junior debt securities, amend, waive or supplement the junior indenture for specified purposes, including, among other things, curing ambiguities, defects or inconsistencies (provided that any such action does not materially adversely affect the interest of the holders of any series of junior debt securities so long as they remain outstanding) and qualifying, or maintaining the qualification of, the junior indenture under the Trust Indenture Act of 1939. The junior indenture contains provisions permitting us and the junior indenture trustee, with the consent of the holders of a majority in principal amount of each outstanding series of junior debt securities affected, to modify the junior indenture in a manner affecting the rights of the holders of such series of the junior debt securities; provided, that no such modification may, without the consent of the holder of each outstanding junior debt securities so affected, (i) change the stated maturity of any series of junior debt securities, or reduce the principal amount thereof, or reduce the rate (or change the manner of calculation of the rate) or extend the time of payment of interest thereon (except such extension as is contemplated hereby), (ii) change any of the redemption, conversion or exchange terms, (iii) reduce the percentage of principal amount of junior debt securities of any series, the holders of which are required to consent to any such modification of the junior indenture or (iv) modify the provisions relating to modifications, waivers of covenants or waivers of past default except under certain limited circumstances.

In addition, we and the junior indenture trustee may execute, without the consent of any holder of junior debt securities, any supplemental junior indenture for the purpose of creating any new series of junior debt securities.

Junior Debt Related Events of Default

The junior indenture provides that any one or more of the following described events with respect to a series of junior debt securities that has occurred and is continuing constitutes a "junior debt related event of default" with respect to such series of junior debt securities:

failure for 30 days to pay any interest on such series of the junior debt securities, when due (subject to the deferral of any due date in the case of an extension period);

failure to pay any principal or premium on such series of junior debt securities when due whether at maturity, upon redemption by declaration or otherwise;

Table of Contents

failure to observe or perform in any material respect certain other covenants contained in the junior indenture for 90 days after written notice to us from the junior indenture trustee or the holders of at least 25% in aggregate outstanding principal amount of such series of outstanding junior debt securities; or

certain events with respect to our bankruptcy, insolvency or reorganization.

The holders of a majority in aggregate outstanding principal amount of such series of junior debt securities have the right to direct the time, method and place of conducting any proceeding for any remedy available to the junior indenture trustee. The junior indenture trustee or the holders of not less than 25% in aggregate outstanding principal amount of such series of junior debt securities may declare the principal due and payable immediately upon a junior debt related event of default. The holders of a majority in aggregate outstanding principal amount of such series of junior debt securities may annul such declaration and waive the default (other than the non-payment of the principal of such series of junior debt securities which has become due solely by such acceleration) has been cured and a sum sufficient to pay all matured installments of interest and principal due otherwise than by acceleration has been deposited with the junior indenture trustee.

The holders of a majority in aggregate outstanding principal amount of the junior debt securities affected thereby may, on behalf of the holders of all the junior debt securities, waive any past default, except a default in the payment of principal, premium, if any, or interest (unless such default has been cured and a sum sufficient to pay all matured installments of interest and principal due otherwise than by acceleration has been deposited with the junior indenture trustee) or a default in respect of a covenant or provision which under the junior indenture cannot be modified or amended without the consent of the holder of each of the outstanding junior subordinated debt securities. We are required to file annually with the junior indenture trustee a certificate as to whether or not we are in compliance with all the conditions and covenants applicable to us under the junior indenture.

Consolidation, Merger, Sale of Assets and Other Transactions

The junior indenture provides that we shall not consolidate with or merge into any other person or convey, transfer or lease our properties and assets as an entirety or substantially as an entirety to any person, and no person shall consolidate with or merge into us or convey, transfer or lease its properties and assets as an entirety or substantially as an entirety to us, unless: (i) in case we consolidate with or merge into another person or convey, transfer or lease our properties and assets as an entirety or substantially as an entirety to any person, the successor person is organized under the laws of the United States or any state or the District of Columbia, and such successor person expressly assumes our obligations on the junior debt securities issued under the junior indenture; (ii) immediately after giving effect thereto, no junior debt related event of default, and no event which, after notice or lapse of time or both, would become a junior debt related event of default, shall have happened and be continuing; and (iii) delivery of appropriate officers certificates and opinions of counsel satisfy the above listed conditions.

Other than the covenants described above, or as set forth in any accompanying prospectus supplement, the junior indenture and the junior debt securities do not contain any covenants or other provisions designed to afford holders of the junior debt securities protection in the event of a takeover, recapitalization or highly leveraged transaction in which we are involved.

Satisfaction and Discharge

The junior indenture provides that when, among other things, all junior debt securities not previously delivered to the junior indenture trustee for cancellation (i) have become due and payable, (ii) will become due and payable at their stated maturity within one year or (iii) are to be called for redemption within one year, and we deposit or cause to be deposited with the junior indenture trustee

Table of Contents

trust funds, in trust, for the purpose and in an amount in the currency or currencies in which the junior debt securities are payable sufficient to pay and discharge the entire indebtedness on the junior debt securities not previously delivered to the junior indenture trustee for cancellation, for the principal, premium, if any, and interest, if any, to the date of the deposit or to the stated maturity, as the case may be, then the junior indenture will cease to be of further effect (except as to our obligations to pay all other sums due pursuant to the junior indenture and to provide the officers' certificates and opinions of counsel described therein), and we will be deemed to have satisfied and discharged the junior indenture.

Conversion or Exchange

If and to the extent indicated in the applicable prospectus supplement, the junior debt securities of any series may be convertible or exchangeable into preferred securities or other securities. The specific terms on which junior debt securities of any series may be so converted or exchanged will be set forth in the applicable prospectus supplement. Such terms may include provisions for conversion or exchange, either mandatory, at the option of the holder, or at our option, in which case the number of shares of preferred securities or other securities to be received by the holders of junior debt securities would be calculated as of a time and in the manner stated in the applicable prospectus supplement.

Subordination

In the junior indenture, we have agreed that any junior debt securities issued thereunder will be subordinate and junior in right of payment to all senior debt (as defined below) to the extent provided in the junior indenture. Upon any payment or distribution of assets to creditors upon any liquidation, dissolution, winding up, reorganization, assignment for the benefit of creditors, marshaling of assets or any bankruptcy, insolvency, debt restructuring or similar proceedings in connection with any proceedings with respect to our insolvency or bankruptcy, the holders of senior debt will be entitled to receive payment in full of principal of, and premium, if any, and interest, if any, on such senior debt before the holders of junior debt securities will be entitled to receive or retain any payment in respect of the principal of, and premium, if any, or interest, if any, on the junior debt securities.

In the event of the acceleration of the maturity of any junior debt securities, the holders of all senior debt outstanding at the time of such acceleration will be entitled to receive payment in full of all amounts due thereon (including any amounts due upon acceleration) before the holders of junior debt securities will be entitled to receive or retain any payment in respect of the principal of, or premium, if any, or interest, if any, on the junior debt securities.

No payments on account of principal, or premium, if any, or interest, if any, in respect of the junior debt securities may be made if there shall have occurred and be continuing a default in any payment with respect to senior debt, or an event of default with respect to any senior debt resulting in the acceleration of the maturity thereof, or if any judicial proceeding shall be pending with respect to any such default.

"Debt" means with respect to any person, whether recourse is to all or a portion of the assets of such person and whether or not contingent:

every obligation of such person for money borrowed;

every obligation of such person evidenced by bonds, debentures, notes or other similar instruments, including obligations incurred in connection with the acquisition of property, assets or businesses;

every reimbursement obligation of such person with respect to letters of credit, bankers' acceptances or similar facilities issued for the account of such person;

Table of Contents

every obligation of such person issued or assumed as the deferred purchase price of property or services (but excluding trade accounts payable or accrued liabilities arising in the ordinary course of business);

every capital lease obligation of such person;

all our indebtedness, whether incurred on or prior to the date of the junior indenture or thereafter incurred, for claims in respect of derivative products, including interest rate, foreign exchange rate and commodity forward contracts, futures contracts, options and swaps and similar arrangements; and

every obligation of the type referred to in the preceding bullet points of another person and all dividends of another person the payment of which, in either case, such person has guaranteed or is responsible or liable, directly or indirectly, as obligor or otherwise.

"Senior debt" means the principal of (and premium, if any) and interest, if any, including interest accruing on or after the filing of any petition in bankruptcy or for reorganization relating to us, whether or not such claim for post-petition interest is allowed in such proceeding, on debt, whether incurred on or prior to the date of the junior indenture or thereafter incurred (including, without limitation, debt incurred pursuant to the senior indenture and the subordinated indenture), unless, in the instrument creating or evidencing the same or pursuant to which the same is outstanding, it is provided that such obligations are not superior in right of payment to the junior debt securities or to other debt which is *pari passu* with, or subordinated to, the junior debt securities; provided, however, that senior debt shall not be deemed to include:

any of our debt which, when incurred and without respect to any election under Section 1111(b) of the United States Bankruptcy Code, was without recourse to us;

any of our debt to any of our subsidiaries;

debt to any of our employees;

any liability for taxes;

indebtedness or monetary obligations to trade creditors or assumed by us or any of our subsidiaries in the ordinary course of business in connection with the obtaining of goods, materials or services; and

any other junior debt securities.

The junior indenture provides that the foregoing subordination provisions, insofar as they relate to any particular issue of junior debt securities, may be changed prior to such issuance. Any such change would be described in the applicable prospectus supplement.

Information concerning the Junior Indenture Trustee

The junior indenture trustee, other than during the continuance of a junior debt related event of default, undertakes to perform only such duties as are specifically set forth in the junior indenture, and in the event an event of default has occurred and is continuing, exercise the same degree of care and skill in the exercise of its rights and powers as a prudent person would exercise or use under the circumstances in the conduct of his or her own affairs. The junior indenture trustee is under no obligation to exercise any of the powers vested in it by the junior indenture at the request of any holder of junior debt securities, unless offered reasonable indemnity by such holder against the costs, expenses and liabilities which might be incurred thereby. The junior indenture trustee is not required to expend or risk its own funds or otherwise incur personal financial liability in the performance of its duties if the junior indenture trustee reasonably believes that repayment or adequate indemnity is not reasonably assured to it. The junior indenture trustee in its individual or any other capacity may

Table of Contents

become the owner or pledgee of junior debt securities and may otherwise deal with us or our affiliates with the same rights it would have if it were not the junior indenture trustee provided it complies with the terms of the junior indenture. The CNA Companies and the junior indenture trustee may engage in normal and customary banking transactions from time to time.

No Personal Liability

No past, present or future director, officer, employee or stockholder, as such, of ours or any successor of ours shall have any liability for any of our obligations under the junior debt securities or the junior indenture or for any claims based on, in respect of, or by reason of, such obligations or their creation. Each holder of junior debt securities by accepting such junior debt securities waives and releases all such liability. The waiver and release are part of the consideration for the issue of the junior debt securities.

DESCRIPTION OF COMMON STOCK

We are authorized to issue 500 million shares of common stock. As of March 31, 2019, approximately 273 million shares of common stock were issued and approximately 271 million shares were outstanding. The common stock has a par value of \$2.50 per share. As of March 31, 2019, Loews owned approximately 89% of our outstanding common stock.

The following summary description of the terms of the common stock sets forth certain general terms and provisions of the common stock. This description is qualified in its entirety by reference to our certificate of incorporation, as amended, and our by-laws, each of which is incorporated by reference into the registration statement of which this prospectus is a part.

Dividends

Subject to the rights of the holders of preferred stock, holders of common stock are entitled to receive dividends and other distributions in cash, stock or our property, when, as and if declared by our board of directors out of our assets or funds legally available therefor and shall share equally on a per share basis in all such dividends and distributions.

Voting Rights

At every meeting of stockholders, every holder of common stock is entitled to one vote per share. Subject to any voting rights of the holders of preferred stock and as otherwise required by Delaware law, any action submitted to stockholders (other than the election of directors) is approved, if approved by a majority of the stock having voting power present at a meeting at which there is a quorum. A quorum generally requires the presence, in person or proxy, of the holders of a majority of the stock issued and outstanding. Delaware law requires that the holders of a majority of the issued and outstanding shares of stock, eligible to vote thereon, approve (i) amendments to the certificate of incorporation, (ii) most mergers and consolidations and (iii) sale of all or substantially all of our assets.

Liquidation Rights

In the event of our liquidation, dissolution or winding-up, whether voluntary or involuntary, the holders of common stock are entitled to share equally in the assets available for distribution after payment of all liabilities and provision for the liquidation preference of any shares of preferred stock then outstanding.

Table of Contents

Miscellaneous

The holders of common stock have no preemptive rights, cumulative voting rights, subscription rights, or conversion rights and the common stock is not subject to redemption.

The transfer agent and registrar with respect to our common stock is Wells Fargo Bank, N.A. Our common stock is listed on the New York Stock Exchange and the Chicago Stock Exchange. The trading symbol for our common stock is "CNA."

DESCRIPTION OF PREFERRED STOCK

We are authorized to issue up to 12.5 million shares of preferred stock, without par value, in one or more series. As of March 31, 2019, there were no shares of our preferred stock outstanding. All shares of preferred stock, irrespective of series, will constitute one and the same class. The following description of the terms of the preferred stock sets forth certain general terms and provisions of the preferred stock. Certain terms of any series of preferred stock offered by the prospectus supplement will be described in the prospectus supplement relating to such series of preferred stock. If so indicated in the prospectus supplement, the terms of any such series may differ from the terms set forth below.

Except as set forth in the applicable prospectus supplement, the following summary description of the terms of the preferred stock sets forth certain general terms and provisions of the preferred stock. This description is qualified in its entirety by reference to our certificate of incorporation and by-laws, which are incorporated by reference to our registration statement of which this prospectus forms a part.

General

Our board of directors is authorized to establish and designate series and to fix the number of shares and the relative rights, preferences and limitations of the respective series of preferred stock, including:

the designation and number of shares comprising such series, which may be increased or decreased from time to time by our board of directors;

the dividend rate or rates on the shares of such series and the relation which such dividends bear to the dividends payable on any other class or classes or of any other series of capital stock, the terms and conditions upon which and the periods in respect of which dividends shall be payable, whether and upon what conditions such dividends shall be cumulative and, if cumulative, the dates from which dividends shall accumulate;

whether the shares of such series shall be redeemable, the limitations and restrictions with respect to such redemption, the time or times when, the price or prices at which and the manner in which such shares shall be redeemable, including the manner of selecting shares of such series for redemption if less than all shares are to be redeemed;

the rights to which the holders of shares of such series shall be entitled, and the preferences, if any, over any other series (or of any other series over such series), upon our voluntary or involuntary liquidation, dissolution, distribution of assets or winding-up, which rights may vary depending on whether such liquidation, dissolution, distribution or winding-up is voluntary or involuntary, and, if voluntary, may vary at different dates;

whether the shares of such series shall be subject to the operation of a purchase, retirement or sinking fund, and, if so, whether and upon what conditions such purchase, retirement or sinking fund shall be cumulative or noncumulative, the extent to which and the manner in which such fund shall be applied to the purchase or redemption of the shares of such series for retirement or to other corporate purposes and the terms and provisions relative to the operation thereof;

Table of Contents

whether the shares of such series shall be convertible into or exchangeable for shares of any other class or classes or of any other series of any class or classes of our capital stock, and, if so convertible or exchangeable, the price or prices or the rate or rates of conversion or exchange and the method, if any, of adjusting the same, and any other terms and conditions of such conversion or exchange;

the voting powers, full and/or limited, if any, of the shares of such series; and whether and under what conditions the shares of such series (alone or together with the shares of one or more other series having similar provisions) shall be entitled to vote separately as a single class, for the election of one or more matters;

whether the issuance of any additional shares of such series, or of any shares of any other series, shall be subject to restrictions as to issuance, or as to the powers, preferences or rights of any such other series; and

any other preferences, privileges and powers, and relative, participating, optional or other special rights, and qualifications, limitations or restrictions of such series, as our board of directors may deem advisable.

Unless otherwise specifically described in the applicable prospectus supplement for a series of preferred stock, all shares of preferred stock shall be of equal rank, preference and priority as to dividends; when the stated dividends are not paid in full, the shares of all series of the preferred stock shall share ratably in any payment thereof; and upon liquidation, dissolution or winding up, if assets are insufficient to pay in full all preferred stock, then such assets shall be distributed among the holders ratably.

The description of certain provisions of the preferred stock described below is only a summary and is subject to and qualified in its entirety by reference to our certificate of incorporation and the certificate of designations that relates to a particular series of preferred stock.

Dividend Rights

Except as may be set forth in an applicable prospectus supplement relating to a series of preferred stock, the holders of preferred stock shall be entitled to receive, but only when and as declared by our board of directors out of funds legally available for that purpose, cash dividends at the rates and on the dates set forth in the applicable prospectus supplement relating to a particular series of preferred stock.

Such rate may be fixed or variable. Each such dividend will be payable to the holders of record as they appear on our stock register on such record dates as will be fixed by our board of directors or a duly authorized committee thereof. Dividends payable on the preferred stock for any period less than a full dividend period (being the period between such dividend payment dates) will be computed on the basis of the actual number of days elapsed over a 360 day year. For a full dividend period, the amount of dividends payable will be computed on the basis of a 360 day year consisting of twelve 30 day months. Except as may be set forth in the prospectus supplement relating to a series of preferred stock, such dividends shall be payable from, and shall be cumulative from, the date of original issue of each share, so that if in any dividend period, dividends at the rate or rates as described in the applicable prospectus supplement relating to such series of preferred stock shall not have been declared and paid or set apart for payment on all outstanding shares of preferred stock for such dividend period and all preceding dividend periods from and after the first day from which dividends are cumulative, then the aggregate deficiency shall be declared and fully paid or set apart for payment, but without interest, before any dividends shall be declared or paid or set apart for payment on the common stock by us. After payment in full of all dividend arrearages on the preferred stock, dividends on the common stock may be declared and paid out of funds legally available for that purpose as our board of directors may determine.

Table of Contents

Redemption

The applicable prospectus supplement will describe whether and under what circumstances (i) any shares of preferred stock may be redeemed by us and (ii) the holders of preferred stock may require us to redeem any or all of such shares.

Conversion or Exchange

The holders of preferred stock will have such rights, if any, to convert such shares into or to exchange such shares for shares of any other class or classes, or of any other series of any class, of our capital stock and/or other property or cash, as described in the applicable prospectus supplement.

Voting Rights

The holders of preferred stock will have such voting rights, if any, as described in the applicable prospectus supplement relating to a series of preferred stock. Unless and except to the extent required by the law or provided by our board of directors, holders of preferred stock shall have no voting power with respect to any matter. In no event shall the preferred stock be entitled to more than one vote per share in respect of each share of stock.

The holders of the outstanding shares of a series of preferred stock shall be entitled to vote as a class upon a proposed amendment, whether or not entitled to vote thereon by our certificate of incorporation, if the amendment would increase or decrease the aggregate number of authorized shares of such series of preferred stock, change from a no par value to a par value series of preferred stock, or alter or change the powers, preferences, or special rights of the shares of such series of preferred stock so as to affect them adversely. If any proposed amendment would alter or change the powers, preferences, or special rights of one or more series of preferred stock so as to affect them adversely, but shall not so affect the entire series, then only the shares of the series so affected by the amendment shall be considered a separate series for purposes of this paragraph. The number of authorized shares of any such series of preferred stock may be increased or decreased (but not below the number of shares thereof then outstanding) by the affirmative vote of the holders of a majority of our stock entitled to vote irrespective of the previous two sentences, if so provided in our certificate of incorporation, in any amendment thereto which created such series of preferred stock, or in any amendment thereto which was authorized by a resolution or resolutions adopted by the affirmative vote of the holders of a majority of such series of preferred stock. This paragraph is subject to any amendments to Delaware law regarding these matters.

The foregoing voting provisions will not apply if, in connection with the matters specified, provision is made for the redemption or retirement of all outstanding preferred stock.

Liquidation Rights

Upon our liquidation, dissolution or winding up, whether voluntary or involuntary, holders of preferred stock will have such preferences and priorities, if any, with respect to distribution of our assets or the proceeds thereof as may be set forth in the applicable prospectus supplement relating to a series of preferred stock.

Miscellaneous

The transfer agent, dividend disbursing agent and registrar for the preferred stock issued in connection with this prospectus will be as described in the applicable prospectus supplement. The holders of preferred stock, including any preferred stock issued in connection with this prospectus, will not have any preemptive rights to purchase or subscribe for any shares of any class or other securities of any type of ours. When issued, the preferred stock will be fully paid and nonassessable. The

Table of Contents

certificate of designations setting forth the provisions of each series of preferred stock will become effective after the date of this prospectus, but on or before issuance of the related series of preferred stock.

DESCRIPTION OF DEPOSITARY SHARES

Unless otherwise set forth in the applicable prospectus supplement, the description set forth below of certain provisions of the deposit agreement and of the depositary shares and depositary receipts summarizes the expected material terms of the deposit agreement and of the depositary shares and depositary receipts, and is qualified in its entirety by reference to, the form of deposit agreement and form of depositary receipts relating to each series of the preferred stock.

General

We may, at our option, elect to have shares of preferred stock be represented by depositary shares. The shares of any series of the preferred stock underlying the depositary shares will be deposited under a separate deposit agreement between us and a bank or trust company we select, such bank or trust company is referred to in this prospectus as the "preferred stock depositary." The prospectus supplement relating to a series of depositary shares will set forth the name and address of the preferred stock depositary. Subject to the terms of the deposit agreement, each owner of a depositary share will be entitled, proportionately, to all the rights, preferences and privileges of the preferred stock represented thereby (including dividend, voting, redemption, conversion, exchange and liquidation rights).

The depositary shares will be evidenced by depositary receipts issued pursuant to the deposit agreement, each of which will represent the applicable interest in a number of shares of a particular series of the preferred stock described in the applicable prospectus supplement.

A holder of depositary shares will be entitled to receive the shares of preferred stock (but only in whole shares of preferred stock) underlying such depositary shares. If the depositary receipts delivered by the holder evidence a number of depositary shares in excess of the whole number of shares of preferred stock to be withdrawn, the depositary will deliver to such holder at the same time a new depositary receipt evidencing such excess number of depositary shares.

Dividends and Other Distributions

The preferred stock depositary will distribute all cash dividends or other cash distributions in respect to the preferred stock to the record holders of depositary receipts in proportion, insofar as possible, to the number of depositary shares owned by such holders.

In the event of a distribution other than in cash in respect to the preferred stock, the preferred stock depositary will distribute property received by it to the record holders of depositary receipts in proportion, insofar as possible, to the number of depositary shares owned by such holders, unless the preferred stock depositary determines that it is not feasible to make such distribution, in which case the preferred stock depositary may, with our approval, adopt such method as it deems equitable and practicable for the purpose of effecting such distribution, including sale (at public or private sale) of such property and distribution of the net proceeds from such sale to such holders.

The amount so distributed in any of the foregoing cases will be reduced by any amount required to be withheld by us or the preferred stock depositary on account of taxes.

Conversion and Exchange

If any preferred stock underlying the depositary shares is subject to provisions relating to its conversion or exchange as set forth in the prospectus supplement relating thereto, each record holder

Table of Contents

of depositary shares will have the right or obligation to convert or exchange such depositary shares pursuant to the terms thereof.

Redemption of Depositary Shares

If preferred stock underlying the depositary shares is subject to redemption, the depositary shares will be redeemed from the proceeds received by the preferred stock depositary resulting from the redemption, in whole or in part, of the preferred stock held by the preferred stock depositary. The redemption price per depositary share will be equal to the aggregate redemption price payable with respect to the number of shares of preferred stock underlying the depositary shares. Whenever we redeem preferred stock from the preferred stock depositary, the preferred stock depositary will redeem as of the same redemption date a proportionate number of depositary shares representing the shares of preferred stock that were redeemed. If less than all the depositary shares are to be redeemed, the depositary shares to be redeemed will be selected by lot or pro rata as we may determine.

After the date fixed for redemption, the depositary shares so called for redemption will no longer be deemed to be outstanding and all rights of the holders of the depositary shares will cease, except the right to receive the redemption price upon such redemption. Any funds we deposit with the preferred stock depositary for any depositary shares which the holders thereof fail to redeem shall be returned to us after a period of two years from the date such funds are so deposited.

Voting

Upon receipt of notice of any meeting at which the holders of any shares of preferred stock underlying the depositary shares are entitled to vote, the preferred stock depositary will mail the information contained in such notice to the record holders of the depositary receipts. Each record holder of such depositary receipts on the record date (which will be the same date as the record date for the preferred stock) will be entitled to instruct the preferred stock depositary as to the exercise of the voting rights pertaining to the number of shares of preferred stock underlying such holder's depositary shares. The preferred stock depositary will endeavor, insofar as practicable, to vote the number of shares of preferred stock underlying such depositary shares in accordance with such instructions, and we will agree to take all reasonable action which may be deemed necessary by the preferred stock depositary to enable the preferred stock depositary to do so. The preferred stock depositary will abstain from voting the preferred stock to the extent it does not receive specific written instructions from holders of depositary receipts representing such preferred stock.

Record Date

Whenever (i) any cash dividend or other cash distribution shall become payable, any distribution other than cash shall be made, or any rights, preferences or privileges shall be offered with respect to the preferred stock, or (ii) the preferred stock depositary shall receive notice of any meeting at which holders of preferred stock are entitled to vote or of which holders of preferred stock are entitled to notice, or of the mandatory conversion of or any election on our part to call for the redemption of any preferred stock, the preferred stock depositary shall, in each such instance, fix a record date (which shall be the same as the record date for the preferred stock) for the determination of the holders of depositary receipts (y) who shall be entitled to receive such dividend, distribution, rights, preferences or privileges or the net proceeds of the sale thereof or (z) who shall be entitled to give instructions for the exercise of voting rights at any such meeting or to receive notice of such meeting or of such redemption or conversion, subject to the provisions of the deposit agreement.

Table of Contents

Amendment and Termination of the Deposit Agreement

The form of depositary receipt and any provision of the deposit agreement may at any time be amended by agreement between us and the preferred stock depositary. However, any amendment which imposes or increases any fees, taxes or other charges payable by the holders of depositary receipts (other than taxes and other governmental charges, fees and other expenses payable by such holders as stated below under the subheading "Charges of Preferred Stock Depositary"), or which otherwise prejudices any substantial existing right of holders of depositary receipts, will not take effect as to outstanding depositary receipts until the expiration of 90 days after notice of such amendment has been mailed to the record holders of outstanding depositary receipts.

Whenever we so direct, the preferred stock depositary will terminate the deposit agreement by mailing notice of such termination to the record holders of all depositary receipts then outstanding at least 30 days prior to the date fixed in such notice for such termination. The preferred stock depositary may likewise terminate the deposit agreement if at any time 45 days shall have expired after the preferred stock depositary shall have delivered to us a written notice of its election to resign and a successor depositary shall not have been appointed and accepted its appointment. If any depositary receipts remain outstanding after the date of termination, the preferred stock depositary thereafter will discontinue the transfer of depositary receipts, will suspend the distribution of dividends to the holders thereof, and will not give any further notices (other than notice of such termination) or perform any further acts under the deposit agreement except as provided below and except that the preferred stock depositary will continue (i) to collect dividends on the preferred stock and any other distributions with respect thereto and (ii) to deliver the preferred stock together with such dividends and distributions and the net proceeds of any sales of rights, preferences, privileges or other property, without liability for interest thereon, in exchange for depositary receipts surrendered. At any time after the expiration of two years from the date of termination, the preferred stock depositary may sell the preferred stock then held by it at public or private sales, at such place or places and upon such terms as it deems proper and may thereafter hold the net proceeds of any such sale, together with any money and other property then held by it, without liability for interest thereon, for the pro rata benefit of the holders of depositary receipts which have not been surrendered.

Charges of Preferred Stock Depositary

We will pay all charges of the preferred stock depositary including charges in connection with the initial deposit of the preferred stock, the initial issuance of the depositary receipts, the distribution of information to the holders of depositary receipts with respect to matters on which preferred stock is entitled to vote, withdrawals of the preferred stock by the holders of depositary receipts or redemption or conversion of the preferred stock, except for taxes (including transfer taxes, if any) and other governmental charges and such other charges as are expressly provided in the deposit agreement to be at the expense of holders of depositary receipts or persons depositing preferred stock.

Miscellaneous

The preferred stock depositary will make available for inspection by holders of depositary receipts at its corporate office and its New York office all reports and communications from us which are delivered to the preferred stock depositary as the holder of preferred stock.

Neither we nor the preferred stock depositary will be liable if it is prevented or delayed by law or any circumstance beyond its control in performing its obligations under the deposit agreement. The obligations of the preferred stock depositary under the deposit agreement are limited to performing its duties thereunder without negligence or bad faith. Our obligations under the deposit agreement are limited to performing our duties thereunder in good faith. Neither we nor the preferred stock depositary is obligated to prosecute or defend any legal proceeding in respect of any depositary shares

Table of Contents

or preferred stock unless satisfactory indemnity is furnished. We and the preferred stock depositary are entitled to rely upon advice of or information from counsel, accountants or other persons believed to be competent and on documents believed to be genuine.

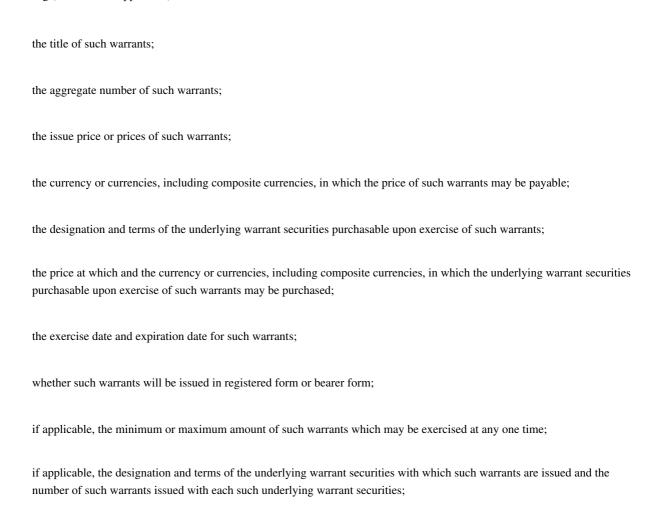
The preferred stock depositary may resign at any time or be removed by us, effective upon the acceptance by its successor of its appointment; provided, that if a successor preferred stock depositary has not been appointed or accepted such appointment within 45 days after the preferred stock depositary has delivered a notice of election to resign to us, the preferred stock depositary may terminate the deposit agreement.

DESCRIPTION OF WARRANTS

General

We may issue warrants to purchase debt securities, junior debt securities, preferred stock (or depositary shares representing preferred stock) or common stock, referred to collectively in this prospectus as the "underlying warrant securities," and such warrants may be issued independently or together with any such underlying warrant securities and may be attached to or separate from such underlying warrant securities. Each series of warrants will be issued under a separate warrant agreement to be entered into between us and a warrant agent. The warrant agent will act solely as our agent in connection with the warrants of such series and will not assume any obligation or relationship of agency for or with holders or beneficial owners of warrants. The following describes certain general terms and provisions of the offered warrants hereby. Further terms of the warrants and the applicable warrant agreement will be described in the applicable prospectus supplement.

The applicable prospectus supplement may describe the specific terms of any warrants for which this prospectus is being delivered, including the following (to the extent applicable):



if applicable, the date on and after which such warrants and the related underlying warrant securities will be traded separately;

information with respect to book-entry procedures, if any; and

30

Table of Contents

any other terms of such warrants, including terms, procedures and limitations relating to the exchange and exercise of such warrants

DESCRIPTION OF PURCHASE CONTRACTS AND PURCHASE UNITS

We may issue purchase contracts, representing contracts obligating holders to purchase from us, and we to sell to the holders, a specified quantity of debt securities, junior debt securities, common stock, preferred stock, depositary shares or warrants at a future date or dates. The price of the securities subject to a purchase contract may be fixed at the time the purchase contracts are issued or may be determined by reference to a specific formula set forth in the purchase contracts. The purchase contracts may be issued separately or as a part of units, referred to in this prospectus as "purchase units," consisting of a purchase contract and either (i) debt securities or junior debt securities or (ii) debt obligations of third parties, including U.S. Treasury securities, securing the holder's obligations to purchase the applicable securities under the purchase contracts. The purchase contracts may require us to make periodic payments to the holders of the purchase units or vice versa, and such payments may be unsecured or prefunded on some basis. The purchase contracts may require holders to secure their obligations thereunder in a specified manner and in certain circumstances we may deliver newly issued prepaid purchase contracts, referred to in this prospectus as "prepaid securities," upon release to a holder of any collateral securing such holder's obligations under the original purchase contract.

The applicable prospectus supplement will describe the terms of any purchase contracts or purchase units and, if applicable, prepaid securities. The description in the prospectus supplement will not purport to be complete and will be qualified in its entirety by reference to the purchase contracts, the collateral arrangements and depositary arrangements, if applicable, relating to such purchase contracts or purchase units and, if applicable, the prepaid securities and the document pursuant to which such prepaid securities will be issued.

PLAN OF DISTRIBUTION

We may sell any series of debt securities, common stock, preferred stock, depositary shares, warrants, purchase contracts and purchase units being offered directly to one or more purchasers, through agents, to or through underwriters or dealers, or through a combination of any such methods of sale. The distribution of the securities may be effected from time to time in one or more transactions at fixed prices, which may be changed, at market prices prevailing at the time of sale, at prices related to such prevailing market prices or at negotiated prices. The prospectus supplement will set forth the terms of the offering, including the names of any underwriters, dealers or agents, the purchase price of such securities and the proceeds to us from such sale, any underwriting discounts and commissions or agency fees and other items constituting underwriters' or agents' compensation, any initial public offering price and any discounts or concessions allowed or paid to dealers or any securities exchange on which such securities may be listed. Any initial public offering price, discounts or concessions allowed or paid to dealers may be changed from time to time.

Any discounts, concessions or commissions received by underwriters or agents and any profits on the resale of securities by them may be deemed to be underwriting discounts and commissions under the Securities Act of 1933. Unless otherwise set forth in the applicable prospectus supplement, the obligations of underwriters to purchase the offered securities will be subject to certain conditions precedent, and such underwriters will be obligated to purchase all such securities, if any are purchased. Unless otherwise indicated in the applicable prospectus supplement, any agent will be acting on a best efforts basis for the period of its appointment.

We may enter into derivative transactions with third parties, or sell securities not covered by this prospectus to third parties in privately negotiated transactions. If the applicable prospectus supplement

Table of Contents

indicates, in connection with those derivatives, the third parties may sell securities covered by this prospectus and the applicable prospectus supplement, including in short sale transactions. If so, the third party may use securities pledged by us or borrowed from us or others to settle those sales or to close out any related open borrowings of stock, and may use securities received from us in settlement of those derivatives to close out any related open borrowings of stock. The third party in such sale transactions will be an underwriter and, if not identified in this prospectus, will be identified in the applicable prospectus supplement (or a post-effective amendment).

We may also offer and sell securities, if so indicated in the applicable prospectus supplement, in connection with a remarketing upon their purchase, in accordance with a redemption or repayment pursuant to their terms, or otherwise, by one or more firms referred to as remarketing firms, acting as principals for their own accounts or as agents for us. Any remarketing firm will be identified and the terms of its agreement, if any, with us, and its compensation will be described in the applicable prospectus supplement. Remarketing firms may be deemed to be underwriters under the Securities Act of 1933 in connection with the securities they remarket.

We may authorize underwriters, dealers or other persons acting as agents for us to solicit offers by certain institutions to purchase securities from us, pursuant to contracts providing for payment and delivery on a future date. Institutions with which such contracts may be made include commercial and savings banks, insurance companies, pension funds, investment companies, educational and charitable institutions and others, but in all cases such institutions must be approved by us. The obligations of any purchaser under any such contract will be subject to the conditions that the purchase of the offered securities shall not at the time of delivery be prohibited under the laws of the jurisdiction to which such purchaser is subject. The underwriters and such other agents will not have any responsibility in respect of the validity or performance of such contracts.

In connection with the offering of securities, we may grant to the underwriters an option to purchase additional securities to cover over-allotments at the initial public offering price, with an additional underwriting commission, as may be set forth in the accompanying prospectus supplement. If we grants any over-allotment option, the terms of such over-allotment option will be set forth in the prospectus supplement for such securities.

The securities may be a new issue of securities that have no established trading market. Any underwriters to whom securities are sold for public offering and sale may make a market in such securities, but such underwriters will not be obligated to do so and may discontinue any market making at any time without notice. Such securities may or may not be listed on a national securities exchange. No assurance can be given as to the liquidity of or the existence of trading markets for any securities.

We may indemnify agents, underwriters, dealers and remarketing firms against certain liabilities, including liabilities under the Securities Act of 1933. Our agents, underwriters, dealers and remarketing firms, or their affiliates, may be customers of, engage in transactions with or perform services for us, in the ordinary course of business.

CERTAIN ERISA MATTERS

Subject to the restrictions described below and unless otherwise provided in the applicable prospectus supplement, the securities described in this prospectus may be held by (i) plans that are subject to the fiduciary responsibility provisions of the Employee Retirement Income Security Act of 1974, as amended, also referred to as "ERISA," or the provisions of Section 4975 of the Internal Revenue Code of 1986, as amended (the "Code"), such plans referred to herein as "Plans," (ii) plans that are subject to provisions under federal, state or other laws, referred to as "Similar Law," that are substantially similar to the fiduciary responsibility provisions of ERISA or the prohibited transaction provisions of ERISA and/or Section 4975 of the Code, such plans referred to herein as "Similar Law Plans," and (iii) entities whose underlying assets are considered to include "plan assets" of any such

Table of Contents

Plans or Similar Law Plans. A fiduciary of any Plan or Similar Law Plan must determine that the purchase and holding of the securities or an interest therein is consistent with its fiduciary duties and will not constitute or result in a non-exempt prohibited transaction under Section 406 of ERISA or Section 4975 of the Code, or a violation under any applicable Similar Law.

Under ERISA and Section 4975 of the Code, unless a statutory or administrative exemption is applicable, the purchase and, in certain cases, the holding of securities by a Plan with respect to which (i) we or any of our affiliates or (ii) any underwriter, dealer or agent selling the securities or any of their affiliates is a "party in interest" or "disqualified person" (as defined in Section 3(14) of ERISA and Section 4975(e)(2) of the Code, respectively) could constitute a prohibited transaction. Accordingly, each purchaser or holder of the securities or any interest therein will be deemed to have represented by its purchase and holding thereof that either (i) it is not, and is not acting on behalf of, any Plan or Similar Law Plan or (ii) its purchase and holding of the securities or any interest therein will not constitute or result in a nonexempt prohibited transaction under Section 406 of ERISA or Section 4975 of the Code because such purchaser or holder relied on an available prohibited transaction exemption, all of the conditions of which are satisfied, or in a violation of any applicable Similar Law.

The sale of any securities to a Plan or Similar Law Plan is in no respect a representation by us, or by any underwriter, dealer or agent selling the securities, that such an investment meets all of the legal requirements with respect to investments by any particular Plan or Similar Law Plan or that such an investment is appropriate for any particular Plan or Similar Law Plan.

VALIDITY OF SECURITIES

Unless otherwise indicated in the applicable prospectus supplement, certain legal matters will be passed upon for us by Stathy Darcy, Senior Vice President, Corporate Secretary and Deputy General Counsel.

EXPERTS

The financial statements, and the related financial statement schedules, incorporated in this Prospectus by reference from the Company's Annual Report on Form 10-K, and the effectiveness of the Company's internal control over financial reporting have been audited by Deloitte & Touche LLP, an independent registered public accounting firm, as stated in their report, which is incorporated herein by reference. Such financial statements and financial statement schedules have been so incorporated in reliance upon the report of such firm given upon their authority as experts in accounting and auditing.

Table of Contents

PART II INFORMATION NOT REQUIRED IN PROSPECTUS

Item 14. Other Expenses of Issuance and Distribution.

SEC registration fee	\$ *
Fees of rating agencies	**
Legal fees and expenses	**
Accounting fees and expenses	**
Printing and engraving expenses	**
Miscellaneous	**
Total	\$ **

Omitted because no additional fee being paid.

**

These fees are calculated based on the securities offered and the number of issuances and accordingly cannot be estimated at this time. An estimate of the expenses associated with the sale and distribution of the securities being offered will be included in the applicable prospectus supplement to the prospectus included in this registration statement.

Item 15. Indemnification of Directors and Officers.

The following is a summary of the statutory, by-laws and trust agreement provisions under which directors and officers of CNA Financial Corporation ("CNAF") are insured or indemnified against liability in their capacities as such. The registrant was formed in Delaware. The following is only a general summary of certain aspects of Delaware law and CNAF's by-laws, and does not purport to be complete. It is qualified in its entirety by reference to the detailed provisions of Section 145 of the Delaware General Corporation Law (the "DGCL") and Article XI of CNAF's by-laws.

Section 145(a) of the DGCL provides in relevant part that "[a] corporation shall have power to indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the corporation) by reason of the fact that the person is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding if the person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe the person's conduct was unlawful."

With respect to derivative actions, Section 145(b) of the DGCL provides that "[a] corporation shall have the power to indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the corporation to procure a judgment in its favor [by reason of the person's service in one of the capacities specified in the preceding paragraph] against expenses (including attorneys' fees) actually and reasonably incurred by the person in connection with the defense or settlement of such action or suit if the person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation and except that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the corporation unless and only to the extent that the Court of Chancery or the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all the

Table of Contents

circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses which the Court of Chancery or such other court shall deem proper."

Article XI of CNAF's by-laws contains provisions similar to Section 145 of the DGCL, although providing mandatory indemnification in certain of the circumstances covered by Section 145(a) of the DGCL.

Such indemnification may apply to claims arising under the Securities Act of 1933. Insofar as indemnification for liabilities arising under the Securities Act of 1933 may be permitted for directors, officers or persons controlling CNAF pursuant to the foregoing provisions, CNAF has been informed that in the opinion of the Securities and Exchange Commission (the "SEC") such indemnification is against public policy as expressed in that Act and therefore unenforceable. In the event that a claim for indemnification against such liabilities (other than the payment by CNAF of expenses incurred or paid by a director, officer or controlling person of CNAF in the successful defense of any action, suit or proceeding) is asserted by such director, officer or controlling person in connection with the securities being registered, CNAF will, unless in the opinion of its counsel the matter has been settled by controlling precedent, submit to a court of appropriate jurisdiction the question whether such indemnification by it is against public policy as expressed in the Act and will be governed by the final adjudication of such issue.

CNAF maintains directors' and officers' liability insurance, subject to appreciable deductibles at the corporate level, for each wrongful act where corporate reimbursement is available to any director or officer.

Item 16. Exhibits.

Exhibit Document Description

- 1.1 Form of Underwriting Agreement.
- 3.1 Certificate of Incorporation of CNA Financial Corporation, as amended May 6, 1987 (incorporated by reference as Exhibit 3.1 of CNAF's Registration Statement on Form S-8 (File No. 333-65493) filed October 9, 1998).
- 3.2 <u>Certificate of Amendment to Certificate of Incorporation of CNA Financial Corporation, dated May 14, 1998 (incorporated by reference as Exhibit 3.1a of CNAF's Annual Report on Form 10-K for the year ended December 31, 2006).</u>
- 3.3 <u>Certificate of Amendment to Certificate of Incorporation of CNA Financial Corporation, dated May 10, 1999 (incorporated by reference as Exhibit 3.1 of CNAF's Annual Report on Form 10-K for the year ended December 31, 1999).</u>
- 3.4 By-Laws of CNA Financial Corporation, as amended effective October 25, 2017 (incorporated by reference to Exhibit 3.1 of CNAF's Current Report on Form 8-K filed October 25, 2017).
- 4.1 Senior Debt Indenture, dated as of March 1, 1991, between CNA Financial Corporation and The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), a national banking association, as Trustee (incorporated by reference to Exhibit 4.1 of CNAF's Current Report on Form 8-K filed December 16, 2004).
- 4.2 First Supplemental Indenture of the Senior Indenture, dated as of October 15, 1993, between CNA Financial Corporation and The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), a national banking association, as Trustee (incorporated by reference to Exhibit 4.2 of CNAF's Current Report on Form 8-K filed December 16, 2004).

II-2

Table of Contents

Exhibit Document Description

- 4.3 Second Supplemental Indenture of the Senior Indenture, dated as of December 15, 2004, between CNA Financial Corporation and The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), a national banking association, as Trustee (incorporated by reference to Exhibit 4.3 of CNAF's Current Report on Form 8-K filed December 16, 2004).
- 4.4 Third Supplemental Indenture of the Senior Indenture, dated as of February 24, 2016, among CNA Financial Corporation and The Bank of New York Mellon Trust company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association (formerly known as The First National Bank of Chicago), as first trustee, and U.S. Bank National Association as separate trustee under such Indenture in respect of the 4.500% Senior Notes Due 2026 (incorporated by reference to Exhibit 4.2 of CNAF's Current Report on Form 8-K filed February 23, 2016) and the 3.450% Senior Notes due 2027 (incorporated by reference to Exhibit 4.1 of CNAF's Current Report on Form 8-K filed August 7, 2017).
- 4.5 Form of Subordinated Indenture between CNA Financial Corporation and The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association, a national banking association, as Trustee (incorporated by reference to Exhibit 4.4 of CNAF's Registration Statement on Form S-3 (File No. 333-127544) filed August 15, 2005).
- 4.6 Form of Junior Subordinated Indenture between CNA Financial Corporation and The Bank of New York Mellon Trust Company, N.A., as successor in interest to J.P. Morgan Trust Company, National Association, a national banking association, as Trustee (incorporated by reference to Exhibit 4.5 of CNAF's Registration Statement on Form S-3 (File No. 333-127544) filed August 15, 2005).
- 4.7 Form of Preferred Stock Certificate of Designation.
- 4.8 Form of Deposit Agreement, including form of Depositary Shares.
- 4.9 Form of Warrant Agreement, including form of Warrant.
- 4.10 Form of Purchase Contract Agreement.
 - of Golden Rule and Aetna products, in the aggregate, exceeded the sale of the Company's products by nearly a five-to-one margin. If third party products replace the products underwritten by our insurance subsidiaries, the Company may not be able to maintain its current market share and, as a result, may see further declines in its premium revenue and underwriting profits from insurance product sales. These earnings may not be replaced by commission revenue generated from the distribution of third-party insurance products by Insphere, particularly in the early stages of Insphere s operations. The movement of customers from policies underwritten by the Company's insurance subsidiaries to products offered by non-affiliated insurance carriers also presents potential adverse selection risks. The Company's insurance subsidiaries could be materially and adversely affected if their healthiest customers terminate or non-renew their policies in favor of policies offered by non-affiliated carriers, leaving less healthy customers who tend to incur higher health care costs.

Insphere faces risks related to its relationships with non-affiliated insurance carriers.

Insphere and its agents contract with non-affiliated carriers to distribute products underwritten by such carriers. These contracts generally provide that either party may terminate the contract for convenience by providing the other party with a relatively short period of advance notice. In any particular market, carriers could terminate their contracts with us (or refuse to contract with us), demand lower commissions or take other actions, including litigation, which could adversely affect our business. We are also dependent on non-affiliated carriers to pay Insphere in a timely and accurate manner and to provide Insphere with data required to support the sale of third party products and to timely and accurately pay its agents. The failure by a non-affiliated carrier to provide Insphere with the data and support necessary for Insphere to sell the carrier s products and to pay its agents, resulting from a failure in data systems or otherwise, could materially and adversely affect Insphere s business. Our business is also vulnerable to a non-affiliated carrier s failure to administer underwritten business in an appropriate manner, which could lead to customer dissatisfaction and the lapse or cancellation of insurance policies for which Insphere receives commissions. Insphere could also be materially and adversely affected if a non-affiliated carrier with which it does business experiences a

downgrade in its financial strength ratings which, for the affected carrier, could reduce Insphere s level of business and commissions.

A failure of our information systems to provide timely and accurate information could have a material adverse effect on our financial condition and results of operations.

Information processing is critical to our business, and a failure of our information systems to provide timely and accurate information could have a material adverse effect on our financial condition and results of operations. The failure to maintain an effective and efficient information system or disruptions in our information system could cause disruptions in our business operations, including (a) failure to comply with prompt pay laws; (b) loss of existing insureds; (c) difficulty in attracting new insureds; (d) disputes with insureds, providers and agents; (e) regulatory problems; (f) increases in administrative expenses; and (g) other adverse consequences.

Our reliance on outsourcing arrangements subjects us to risk and may disrupt or adversely affect our operations.

Historically, we have maintained an administrative center with underwriting, claims management and administrative capabilities performed in-house. In 2009, we began outsourcing many of these functions, including new business processing, provider service calls and a larger portion of the claims processing functions, to contracted third parties, including parties who may perform these functions offshore. Dependence on third parties for these services may make our operations vulnerable to the third party s failure to perform as agreed. If these third parties fail to satisfy their obligations to us, including obligations with respect to the security and confidentiality of information and data of the Company and/or its customers, our operations may be adversely affected. Reliance on third parties also makes us vulnerable to changes in the vendors—business, financial condition and other matters outside of our control. The failure to adequately monitor and regulate the performance of our third party vendors could subject us to additional risk. Violations of laws or regulations by third party vendors could increase our exposure to liability or otherwise increase the costs associated with the operation of our business. Some of our outsourced services are being performed offshore, which could expose us to risks inherent in conducting business outside of the United States, including international economic and political conditions and additional costs

Table of Contents

associated with complying with foreign laws. If an outsourced relationship is terminated, we may not be able to find a replacement in a timely manner or on acceptable financial terms, and may incur significant costs in connection with the transition to a new vendor.

Natural disasters could severely damage or interrupt our systems and operations and result in an adverse effect on our business.

Natural disasters such as fire, flood, earthquake, tornado, power loss, virus, telecommunications failure, break-in or similar event could severely damage or interrupt our systems and operations, result in loss of data, and/or delay or impair our ability to service our customers. We have in place a disaster recovery plan which is intended to provide us with the ability to maintain our operations in the event of a natural disaster. However, there can be no assurance that such adverse effects will not occur in the event of a disaster. Any such disaster or similar event could have a material adverse effect on our financial condition and results of operations.

If we are unable to retain key executives or appropriately manage succession, our business could be adversely affected.

We have experienced high turnover in our senior management team in recent years. Although we have employment arrangements in place with our key executives, these do no guarantee that the services of these executives will continue to be available to us, and we would be adversely affected if we fail to adequately plan for future turnover of our senior management team.

Item 1B. Unresolved Staff Comments

None

Item 2. Properties

We currently own and occupy our executive offices located at 9151 Boulevard 26, North Richland Hills, Texas 76180-5605 and 8825 Bud Jensen Drive, North Richland Hills, Texas 76180-5605 comprising in the aggregate approximately 281,000 and 30,000 square feet, respectively, of office and warehouse space.

In addition, we lease office space at various locations. In the first quarter of 2010, the Company opened approximately 117 branch offices throughout the United States for its Insphere insurance agency operations. These offices comprise in the aggregate approximately 225,000 square feet.

Item 3. Legal Proceedings

See Note 18 of Notes to Consolidated Financial Statements, the terms of which are incorporated by reference herein.

Item 4. Reserved

None

PART II

Item 5. Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities

Shares of the Company s Class A-1 and Class A-2 common stock are not listed for trading on the New York Stock Exchange or any other exchange and are not readily tradable or salable in any public market. As of March 1, 2010, there were approximately 24 holders of record of Class A-1 common stock and 788 holders of record of Class A-2 common stock.

Effective February 25, 2010, the Board of Directors of HealthMarkets, Inc. declared a special dividend in the amount of \$3.94 per share for Class A-1 and Class A-2 common stock to holders of record as of the close of business

30

Table of Contents

on March 1, 2010, payable on March 9, 2010. In connection with the special cash dividend, the Company paid dividends to stockholders in the aggregate of \$120.3 million.

During the year ended December, 2009, the Company issued an aggregate of 5,263 unregistered shares of its Class A-1 common stock to executive officers of the Company. In particular, executive officers of the Company purchased 5,263 shares of the Company s Class A-1 common stock for aggregate consideration of \$100,000 (or \$19.00 per share). Such sale of securities was made in reliance upon the exemption from registration provided by Section 4(2) of the Securities Act of 1933, as amended (and/or Regulation D promulgated thereunder) for transactions by an issuer not involving a public offering. The proceeds of such sale were used for general corporate purposes.

Issuer Purchases of Equity Securities

Set forth below is a summary of the Company s purchases of shares of HealthMarkets, Inc. Class A-2 common stock during each of the months in the twelve-month period ended December 31, 2009:

	Issuer P	Issuer Purchase of Equity Securities				
	Total Number of Shares	Average Price Paid per Share	Total Number of Shares Purchased as Part of Publicly Announced Plans or	Maximum Number of Shares that may yet be Purchased Under the Plan or		
Period	Purchased(1)	(\$)	Programs	Program		
01/1/09-01/31/09 02/1/09-02/28/09	61,416	23.37				
03/1/09-03/31/09	269,970	19.00				
04/1/09-04/30/09	151,621	19.00				
05/1/09-05/31/09	75,246					
06/1/09-06/30/09	66,741	19.27				
07/1/09-07/31/09	31,575	19.27				
08/1/09-08/31/09	89,253	19.37				
09/1/09-09/30/09	75,459	19.37				
10/1/09-10/31/09	56,341	19.37				
11/1/09-11/30/09	45,692	19.95				
12/1/09-12/31/09	43,063	19.93				
Totals	966,377	19.50				

⁽¹⁾ The number of shares purchased other than through a publicly announced plan or program includes 927,521 Class A-2 shares purchased from the stock accumulation plans established for the benefit of the Company s agents and 38,856 Class A-2 shares purchased from former participants in the stock accumulation plans. These shares were reflected as treasury shares on the Company s Consolidated Balance Sheet at the time of the purchase.

Table of Contents

Securities Authorized for Issuance under Equity Compensation Plans

The following table sets forth certain information with respect to shares of the Company s Class A-1 and Class A-2 common stock that may be issued under HealthMarkets equity compensation plans as of December 31, 2009:

			Number of Securities Remaining Available for Future Issuance under
	Number of Securities to be Issued upon Exercise	Weighted-Average Exercise Price of Outstanding	Equity Compensation Plans (Excluding
	of Outstanding Options,	Options, Warrants and	Securities Reflected
	Warrants and Rights	Rights	in Column(a))
Plan Category	(a)	(b)	(c)
Equity compensation plans approved by security holders Equity compensation plans not	1,611,761(1)	\$ 22.57	2,067,724(2)
Approved by security holders	1,147,269(3)	N/A	3,615,632(4)
Total	2,759,030	\$ 13.19	5,683,356

- (1) Includes 1,611,761 stock options exercisable at a weighted average exercise price of \$22.57 under the Second Amended and Restated HealthMarkets 2006 Management Stock Plan.
- (2) Includes 2,067,724 shares available for future issuance under the Second Amended and Restated HealthMarkets 2006 Management Option Plan.
- (3) Includes (a) 729,793 shares issuable upon vesting of matching credits granted to participants under the Agents Matching Total Ownership Plan and (b) 417,476 shares issuable upon vesting of matching credits granted to participants under the Matching Agency Contribution Plan.
- (4) Includes securities available for future issuance as follows: Agents Matching Total Ownership Plan, 1,457,353 shares; Matching Agency Contribution Plan, 2,158,279 shares.

Item 6. Selected Financial Data

The following selected consolidated financial data as of and for each of the five years in the year ended December 31, 2009 has been derived from the audited consolidated financial statements of the Company. The Company has reclassified the results of operations of CFLD and UFC2 into continuing operations for all periods presented. Such reclassification resulted in an increased loss in Income (loss) from continuing operations of \$5.3 million for the year ended December 31, 2008 and increased income in Income (loss) from continuing operations of \$931,000 for the year ended December 31, 2007. The following data should be read in conjunction with the consolidated financial statements and the notes thereto and *Management s Discussion and Analysis of Financial Condition and Results of Operations* included herein.

	For the Year Ended December 31,									
		2009		2008		2007		2006		2005
	(In thousands, except per share amounts and operating ratios)									ios)
Income Statement Data:										
Revenues from continuing										
operations	\$	1,083,397	\$	1,424,965	\$	1,595,509	\$	2,146,571	\$	2,121,218
Income (loss) from continuing										
operations before income taxes		29,238		(85,380)		119,053		352,298		313,150
Income (loss) from continuing										
operations		17,562		(53,671)		69,370		216,568		202,970
Income from discontinued										
operations		162		216		789		21,170		531
Net income (loss)	\$	17,724	\$	(53,455)	\$	70,159	\$	237,738	\$	203,501
				32						

Table of Contents

		2009 (In the	ousa	2008		Ended Decen 2007 hare amounts		r 31, 2006 d operating ra	ıtio	2005 s)
Per Share Data: Earnings (loss) per share										
from continuing operations:										
Basic earnings (loss) per	Ф	0.50	Ф	(1.70)	ф	2.20	ф	<i>(</i> 10	ф	4.40
share Diluted earnings (loss) per	\$	0.59	\$	(1.78)	\$	2.28	\$	6.19	\$	4.40
share	\$	0.58	\$	(1.78)	\$	2.21	\$	6.07	\$	4.31
Earnings per share from	Ψ	0.50	Ψ	(1.70)	Ψ	2.21	Ψ	0.07	Ψ	1.51
discontinued operations:										
Basic earnings per share	\$	0.01	\$	0.01	\$	0.03	\$	0.61	\$	0.01
Diluted earnings per share	\$	0.01	\$	0.01	\$	0.03	\$	0.59	\$	0.01
Earnings (loss) per share:										
Basic earnings (loss) per	Ф	0.60	Ф	(1.77)	Ф	2.21	Ф	6.00	Ф	4 41
share	\$	0.60	\$	(1.77)	\$	2.31	\$	6.80	\$	4.41
Diluted earnings (loss) per share	\$	0.59	\$	(1.77)	\$	2.24	\$	6.66	\$	4.32
Operating Ratios:	Ψ	0.39	Ψ	(1.77)	Ψ	2.24	φ	0.00	Ψ	4.32
Health Ratios:										
Loss ratio		60%		65%		57%		57%		57%
Expense ratio		34		36		38		32		31
Combined health ratio		94%		101%		95%		89%		88%
Balance Sheet Data:										
Total investments, cash and										
cash equivalents	\$	1,155,247	\$, ,	\$	1,495,910	\$	1,834,481	\$	1,773,554
Total assets		1,871,498		1,916,713		2,155,582		2,594,829		2,371,530
Total policy liabilities Total debt		856,528 481,070		973,046 481,070		1,001,406 481,070		1,135,174 556,070		1,174,264 15,470
Student loan credit facility		77,350		86,050		97,400		118,950		130,900
Stockholders equity		262,199		197,925		306,260		524,385		871,081
Stockholders equity per								· ,-		-
share	\$	8.69	\$	6.68	\$	10.03	\$	17.53	\$	18.88
Cash dividends per share	\$		\$		\$	10.51	\$		\$	0.75

Loss ratio. The loss ratio is defined as benefits, claims and settlement expenses as a percentage of earned premiums (excludes Life Insurance Division).

Expense ratio. The expense ratio is defined as underwriting, acquisition and insurance expenses as a percentage of earned premiums (excludes Life Insurance Division).

Item 7. Management s Discussion and Analysis of Financial Condition and Results of Operations

The following discussion should be read in conjunction with HealthMarkets consolidated financial statements and the related notes included elsewhere in this Form 10-K. This discussion contains certain statements which may be considered forward-looking. Actual results and the timing of events may differ significantly from those expressed or implied in such forward-looking statements due to a number of factors, including those set forth in the section entitled Risk Factors and elsewhere in this Form 10-K.

Additionally, the Company may also disclose financial information on a non-GAAP basis when management uses this information and believes this information will be valuable to investors in measuring the quality of our financial performance, identifying trends in our results and providing more meaningful period-to-period comparisons.

33

Table of Contents

Business Summary

HealthMarkets, Inc. is a holding company, the principal asset of which is its investment in its wholly owned subsidiary, HealthMarkets, LLC. HealthMarkets, LLC s principal assets are its investments in its separate operating subsidiaries, including its regulated insurance subsidiaries. HealthMarkets conducts its insurance businesses through its indirect wholly owned insurance company subsidiaries, The MEGA Life and Health Insurance Company (MEGA), Mid-West National Life Insurance Company of Tennessee (Mid-West) and The Chesapeake Life Insurance Company (Chesapeake).

We operate four business segments, the Insurance segment, Insphere, Corporate and Disposed Operations. The Insurance segment includes the Company's Self-Employed Agency (SEA) Division. Insphere includes the activities of Insphere Insurance Solutions, Inc., an insurance agency which distributes insurance products underwritten by our insurance subsidiaries, as well as third-party insurance products underwritten by non-affiliated carriers. Insphere receives commission revenue and compensates its independent agents, as well as incurs costs associated with the start-up of the agency. The Company records selected other activities not allocated to the Insurance and Insphere segment in Corporate, including investment income not allocated to the Insurance segment, realized gains or losses, interest expense on corporate debt, the Company's Student Loans business, general expenses relating to corporate operations, variable non-cash stock-based compensation and operations that do not constitute reportable operating segments. Disposed Operations includes the following former divisions: Medicare Division, Other Insurance Division, Life Insurance Division, Star HRG Division and Student Insurance Division. (See Note 21 of Notes to Consolidated Financial Statements for financial information regarding our segments).

During 2009, the Company formed Insphere Insurance Solutions, Inc., a Delaware corporation and a wholly owned subsidiary of HealthMarkets, LLC. Insphere is a distribution company that specializes in meeting the life, health, long-term care and retirement insurance needs of small business and middle-income individual and families through its portfolio of products from nationally recognized insurance carriers. Insphere is an authorized agency in all 50 states and the District of Columbia. As of February 2010, Insphere has approximately 2,500 independent agents, of which approximately 1,800 on average write health insurance applications each month, and offices in over 40 states. Insphere distributes products underwritten by the Company s insurance company subsidiaries, as well as non-affiliated insurance companies. Insphere has completed marketing agreements with a number of life, health, long-term care and retirement insurance carriers, including, but not limited to, Aetna and UnitedHealthcare s Golden Rule Insurance Company for individual health insurance products, John Hancock for long-term care products, ING for term life, universal life and fixed annuity products and Minnesota Life Insurance Company for life and fixed annuity products. Insphere also has a marketing arrangement with an intermediary under which Insphere s agents obtain access to certain disability income insurance products.

Beneficial Life Insurance Company and Beneficial Investment Services, Inc.

On November 16, 2009, Insphere entered into a definitive stock purchase agreement with Beneficial Life Insurance Company and Beneficial Investment Services, Inc. (BIS) pursuant to which Insphere will acquire all of the outstanding capital stock of BIS (the Purchase Agreement). BIS is a securities broker-dealer licensed in 49 states. This transaction is subject to customary closing conditions, including the receipt of approval by the Financial Industry Regulatory Authority (FINRA) and the receipt of certain other required consents. The Purchase Agreement may be terminated by either party if the closing has not occurred by the earlier of (i) May 31, 2010 or (ii) six months after the initial application is filed with FINRA. The consolidated financial statements as of December 31, 2009 do not reflect any results of this acquisition.

Exit from Life Insurance Division Business

On September 30, 2008 (the Closing Date), HealthMarkets, LLC, a subsidiary of the Company, completed the transactions contemplated by the Agreement for Reinsurance and Purchase and Sale of Assets dated June 12, 2008 (the Master Agreement). Pursuant to the Master Agreement, Wilton Reassurance Company or its affiliates (Wilton) acquired substantially all of the business of the Company s Life Insurance Division, which operated through Chesapeake, Mid-West and MEGA (collectively the Ceding Companies), and all of the Company s 79% equity interest in each of U.S. Managers Life Insurance Company, Ltd. and Financial Services Reinsurance, Ltd. As

34

Table of Contents

part of the transaction, under the terms of the Coinsurance Agreements (the Coinsurance Agreements) entered into with each of the Ceding Companies on the Closing Date, Wilton has agreed, effective July 1, 2008 (the Coinsurance Effective Date), to reinsure on a 100% coinsurance basis substantially all of the insurance policies associated with the Company s Life Insurance Division (the Coinsured Policies). The reinsurance transaction resulted in a pre-tax loss of \$21.5 million, of which \$13.0 million was recorded as an impairment to the Life Insurance Division s deferred acquisition costs (DAC) with the remainder of \$8.5 million recorded in Realized gains, net in the Company s consolidated statement of income (loss). See Note 6 of Notes to Consolidated Financial Statements for additional information regarding the coinsurance agreement with Wilton.

We received total consideration of approximately \$139.2 million, including \$134.5 million in aggregate ceding allowances with respect to the reinsurance of the Coinsured Policies. Under certain circumstances, the Master Agreement also provides for the payment of additional consideration to the Company following the closing based on the five year financial performance of the Coinsured Policies.

Sale of ZON-Re

Our Other Insurance Division consisted of ZON-Re USA, LLC (ZON-Re), an 82.5%-owned subsidiary. Effective June 30, 2009, we sold our 82.5% membership interest in ZON-Re to Venue Re, LLC. The sale of our membership interest in ZON-Re resulted in a total pre-tax loss of \$489,000 in 2009. See our discussion in the Disposed Operations below for additional information regarding our exit from the Other Insurance Division.

Exit from Medicare Market

In late 2007, we expanded into the Medicare market by offering a new portfolio of Medicare Advantage Private-Fee-for-Service Plans called HealthMarkets Care Assured Plans in selected markets in 29 states with calendar year coverage effective for January 1, 2008. In July 2008, we determined we would not continue to participate in the Medicare business after the 2008 plan year. The Company will continue to reflect the existing insurance business in its financial statements to final termination of all remaining liabilities. See our discussion in the Disposed Operations below for additional information regarding our exit from the Medicare market.

2006 Sale of Star HRG Division

In July 2006, we sold substantially all of the assets formerly comprising our Star HRG Division. In connection with the sale of Star HRG, we recognized a pre-tax gain of \$101.5 million. As consideration for the receipt of Star HRG assets, a unit of the CIGNA Corporation issued the CIGNA Note and the CIGNA Corporation entered into the Guaranty Agreement (see Note 11 of Notes to Consolidated Financial Statements for additional information regarding the CIGNA note and the Guaranty Agreement).

As part of the sale transaction, we entered into 100% coinsurance arrangements with the purchaser (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding coinsurance agreements).

2006 Sale of Student Insurance Division

On December 1, 2006, we sold substantially all of the assets formerly comprising our Student Insurance Division. As consideration for the sale of our Student Insurance Division assets, we received a promissory note in the principal amount of \$94.8 million issued by UnitedHealth Group Inc (see Note 20 of Notes to Consolidated Financial Statements). As part of the sale transaction, we entered into 100% coinsurance arrangements with the purchaser (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding coinsurance agreements).

The purchase price was subject to downward or upward adjustment based on the amount of premium generated with respect to the 2007-2008 school year and actual claims experience with respect to the in-force block of student insurance business at the time of the sale. We recorded \$5.5 million and \$1.2 million of realized gains as adjustments to the purchase price during 2008 and 2007, respectively. The purchase price adjustment in 2008 was the final adjustment pursuant to the sale transaction agreement.

35

Table of Contents

Results of Operations

We have reclassified certain amounts in the 2008 and 2007 financial statements to conform to the 2009 financial statement presentation.

Student Loans

In connection with our exit from the Life Insurance Division business, HealthMarkets, LLC entered into a definitive Stock Purchase Agreement (as amended, the Stock Purchase Agreement) pursuant to which Wilton agreed to purchase our student loan funding vehicles, CFLD-I, Inc. (CFLD-I) and UICI Funding Corp. 2 (UFC2), and the related student association. In our Annual Report on Form 10-K for the year ended December 31, 2008, the assets and liabilities of CFLD-I and UFC2 were presented as Held for sale on the consolidated balance sheets and the results of operations of CFLD-I and UFC2 were included in Income (loss) from discontinued operations on the consolidated statements of income (loss). As the Stock Purchase Agreement terminated in 2009 and the closing of the transaction did not occur, we reclassified the assets and liabilities and the results of operations of CFLD-I and UFC2 into continuing operations for all periods presented. Such reclassification resulted in an increased loss in Income (loss) from continuing operations of \$5.3 million for the year ended December 31, 2008 and increased income in Income (loss) from continuing operations of \$931,000 for the year ended December 31, 2007.

Results of Operations

The table below sets forth certain summary information about our consolidated operating results for each of the three most recent fiscal years:

	For the Year Ended December 31, 2009 2008 2007					
	2009	(In thousands)	2007			
Revenue:						
Health Premiums	\$ 977,568	\$ 1,262,412	\$ 1,311,733			
Life premiums and other considerations	2,381	38,024	70,460			
	979,949	1,300,436	1,382,193			
Investment income	43,166	67,728	103,226			
Other income	62,401	80,659	106,615			
Net impairment losses recognized in earnings	(4,504)	(25,957)				
Realized gains, net	2,385	2,099	3,475			
Total revenues Benefits and Expenses:	1,083,397	1,424,965	1,595,509			
Benefits, claims, and settlement expenses	584,878	856,995	801,783			
Underwriting, acquisition and insurance expenses	338,028	494,077	536,168			
Other expenses	98,821	114,094	88,704			
Interest expense	32,432	45,179	49,801			
Total benefits and expenses	1,054,159	1,510,345	1,476,456			
Income (loss) from continuing operations before income taxes	29,238	(85,380)	119,053			

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Federal income tax expense (benefit)	11,676	(31,709)	49,683
Income (loss) from continuing operations Income from discontinued operations (net of income tax)	17,562 162	(53,671) 216	69,370 789
Net income (loss)	\$ 17,724	\$ (53,455)	\$ 70,159

36

Table of Contents

As discussed above, we entered into Coinsurance Agreements in connection with our exit from the Life Insurance Division business and our sale of assets comprising the former Star HRG Division and the former Student Insurance Division. In addition, HealthMarkets is no longer generating business in its Medicare and Other Insurance Divisions. HealthMarkets management believes that comparisons between years are most meaningful after the reclassification and netting of the operating revenues and expenses attributable to these divisions to the line item Income (loss) from disposed operations, net of income tax, which is a non-GAAP measure, as reflected in the table below:

		31, 2007			
Revenue:					
Health Premiums	\$	970,950	\$ 1,137,997	\$	1,279,553
Life premiums and other considerations		2,381	2,502		2,695
		973,331	1,140,499		1,282,248
Investment income		41,181	55,237		80,784
Other income		61,777	79,453		104,872
Net impairment losses recognized in earnings			(25,957)		
Realized gains, net		(2,119)	1,974		3,474
Total revenues		1,074,170	1,251,206		1,471,378
Benefits and Expenses					
Benefits, claims, and settlement expenses		578,361	729,746		735,701
Underwriting, acquisition and insurance expenses		332,295	413,749		477,078
Other expenses		98,822	113,998		88,608
Interest expense		32,432	45,013		49,364
Total benefits and expenses		1,041,910	1,302,506		1,350,751
Income (loss) from continuing operations before income taxes		32,260	(51,300)		120,627
Federal income tax expense (benefit)		12,564	(19,781)		50,235
Income (loss) from continuing operations (excluding disposed					
operations)		19,696	(31,519)		70,392
Income from discontinued operation, net of tax		162	216		789
Income (loss) excluding disposed operations		19,858	(31,303)		71,181
Loss from disposed operations, net of tax benefit		(2,134)	(22,152)		(1,022)
Net income (loss)	\$	17,724	\$ (53,455)	\$	70,159

Revenue

The majority of our 2009 revenue was earned on health premiums derived from sales of our indemnity and preferred provider organization (PPO) policies in our SEA Division. Premium revenue in our SEA Division was \$973.3 million, \$1,140.5 million, and \$1,282.2 million for the years ended 2009, 2008, and 2007 respectively. Premiums on health

insurance contracts are recognized as earned over the period of coverage on a pro rata basis. We also earned revenue on premiums from traditional life insurance polices, which are recognized as revenue when due.

Revenue also includes investment income derived from our investment portfolio and other income, which consists primarily of income derived by the SEA Division from ancillary services and membership marketing and administrative services provided to the membership associations that make available to their members our health insurance products.

37

Table of Contents

As previously discussed, during 2009 we formed Insphere to serve as an insurance agency which will distribute insurance products underwritten by our insurance subsidiaries, as well as third-party insurance products underwritten by non-affiliated carriers. In addition to premiums revenue and underwriting profits on products written by our insurance subsidiaries, we also earned commission revenue generated from the distribution of third-party insurance products sold by Insphere agents. Commission revenue during 2009 was not material to our overall revenue however, we anticipate that such revenues will continue to grow.

Benefits and Expenses

Our expenses consist primarily of insurance claim expense and expenses associated with the underwriting and acquisition of insurance policies. Claims expenses consist primarily of payments to physicians, hospitals and other healthcare providers under health policies, and include an estimated amount for incurred but not reported and unpaid claims. Underwriting, acquisition and insurance expenses consist of direct expenses incurred across all insurance lines in connection with issuance, maintenance and administration of in-force insurance policies, including amortization of deferred policy acquisition costs, commissions paid to agents, administrative expenses and premium taxes. We also incur other direct expenses in connection with generating income derived by the SEA Division from ancillary services and membership marketing and administrative services provided to the membership associations that make available to their members the Company shealth insurance products.

Business Segments

The following is a comparative discussion of results of operations for our business segments and divisions. Allocations of investment income and certain general expenses are based on a number of assumptions and estimates, and the reported operating results for our business segments would change if different allocation methods were applied. Certain assets are not individually identifiable by segment and, accordingly, have been allocated by formulas. Segment revenues include premiums and other policy charges and considerations, net investment income, fees and other income. Management does not allocate income taxes to segments. Transactions between reportable segments are accounted for under respective agreements, which provide for such transactions generally at cost.

Revenue from continuing operations and income (loss) from continuing operations before federal income taxes (Operating income) for each of our business segments and divisions were as follows:

	For the Year Ended December 31,						
	2009	2007					
		(In thousands)					
Revenue from continuing operations:							
Insurance Self-Employed Agency Division:	\$ 1,061,450	\$ 1,248,434	\$ 1,417,952				
Insphere:	1,192						
Corporate:	13,616	2,939	54,458				
Intersegment Eliminations:	(2,088)	(167)	(789)				
Total revenues excluding disposed operations	1,074,170	1,251,206	1,471,621				
Disposed Operations:	9,227	173,759	123,888				
Total revenue from continuing operations	\$ 1,083,397	\$ 1,424,965	\$ 1,595,509				

Table of Contents

	For the Year Ended December 31,					
	1	502009	(In	2008 thousands)		2007
Income (loss) from continuing operations before federal income taxes:						
Insurance Self-Employed Agency Division: Insphere:	\$	117,498 (11,902)	\$	55,634	\$	150,449
Corporate:		(73,336)		(106,934)		(29,822)
Total operating income (loss) excluding disposed operations Disposed Operations:		32,260 (3,022)		(51,300) (34,080)		120,627 (1,574)
Total income (loss) from continuing operations before federal income taxes	\$	29,238	\$	(85,380)	\$	119,053

Assets by operating segment at December 31, 2009 and 2008 are set forth in the table below:

	December 31,				
	2009			2008	
		(In tho	usand	ds)	
Assets:					
Insurance Self-Employed Agency Division:	\$	731,594	\$	822,966	
Insphere:		14,507			
Corporate:		734,040		667,617	
Total assets excluding assets of Disposed Operations		1,480,141		1,490,583	
Disposed Operations		391,357		426,130	
Total assets	\$	1,871,498	\$	1,916,713	

Disposed Operations assets at December 31, 2009 and 2008 primarily represent reinsurance recoverable for the Life Insurance Division of \$353.7 million and \$370.4 million associated with the Coinsurance Agreements entered into with Wilton (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding such coinsurance agreements).

Self-Employed Agency Division

Through our SEA Division, we provide a broad range of health insurance products for individuals, families, the self-employed and small businesses. Our plans are designed to accommodate individual needs and include basic hospital-medical expense plans, plans with preferred provider organization features, catastrophic hospital expense plans, as well as other supplemental types of coverage. Prior to 2010 we marketed these products to the self-employed and individual markets through independent agents contracted with our insurance subsidiaries. In 2010, these products will be marketed through independent agents contracted with Insphere.

39

Table of Contents

Set forth below is certain summary financial and operating data for the SEA Division for each of the three most recent fiscal years:

		ıber	31, 2007			
		(D	ollar	s in thousands	s)	
Revenues:						
Earned premium revenue	\$	973,331	\$	1,140,499	\$	1,282,249
Investment income	·	26,427		29,149		30,840
Other income		61,692		78,786		104,863
Total revenues		1,061,450		1,248,434		1,417,952
Expenses:						
Benefits, claims and settlement expenses		578,361		729,746		735,701
Underwriting, acquisition and insurance expenses		331,437		420,508		478,106
Other expenses		34,154		42,546		53,696
Total expenses		943,952		1,192,800		1,267,503
Operating income	\$	117,498	\$	55,634	\$	150,449
Other operating data:						
Loss ratio		59.4%		64.0%		57.4%
Expense ratio		34.1%		36.9%		37.3%
Combined health ratio		93.5%		100.9%		94.7%
Operating margin		12.1%		4.9%		11.7%
Submitted annualized volume	\$	321,918	\$	455,949	\$	680,060

Loss Ratio. The loss ratio is defined as benefits expense as a percentage of earned premium revenue.

Expense Ratio. The expense ratio is defined as underwriting, acquisition and insurance expenses as a percentage of earned premium revenue.

Operating Margin. Operating margin is defined as operating income as a percentage of earned premium revenue.

Submitted Annualized Volume. Submitted annualized premium volume in any period is the aggregate annualized premium amount associated with health insurance applications submitted by the Company s agents in such period for underwriting by the Company.

Year Ended December 31, 2009 versus December 31, 2008

The SEA Division reported earned premium revenue of \$973.3 million in 2009 compared to \$1.1 billion in 2008, a decrease of \$167.2 million or 14.7%, which is due to a decrease in policies in force. Total policies in force decreased by 23% during the year to approximately 218,000 during 2009 as compared to approximately 281,700 during 2008. The decrease in policies in force reflects an attrition rate that exceeds the pace of new sales, and is evident in the

reduction in submitted annualized premium volume from \$455.9 million in 2008 to \$321.9 million in 2009. Additionally, the decrease in policies in force is due to a decrease in the number of agents submitting business.

The SEA Division reported operating income of \$117.5 million in 2009 compared to operating income of \$55.6 million in 2008, an increase of \$61.9 million or 111.2%. Operating income as a percentage of earned premium revenue (*i.e.*, operating margin) for 2009 was 12.1% compared to the operating margin of 4.9% in 2008. The increase in operating margin during the current year period is generally attributable to a loss ratio reflecting better claims experience both for our new products, as well as for our legacy products and a shift away from CareOne products. The favorable claims development is partially offset by an estimated claims liability arising from a review of its claims processing for state mandated benefits, which review is expected to be completed by the first half of 2011.

40

Table of Contents

As a result of the review, in the fourth quarter ended December 31, 2009, the Company refined its claim liability estimate related to state mandated benefits and recorded a claim liability estimate of \$23.9 million. The impact to the loss ratio in 2009 was approximately 2.6% as a percentage of earned premium.

Underwriting, acquisition and insurance expenses decreased by \$89.1 million, or 21.2% to \$331.4 million in 2009 from \$420.5 million in 2008. This decrease reflects the variable nature of commission expenses and premium taxes included in these amounts which generally vary in proportion to earned premium revenue and, in addition, the deferral of certain underwriting and policy issuance costs in 2009. Furthermore, we initiated certain cost reduction programs beginning in the fourth quarter of 2008, which are being reflected as a decrease in the expense ratio.

Other income and other expenses both decreased in the current period compared to the prior year period. Other income largely consists of fee and other income received for sales of association memberships by our independent agents sales force for which other expenses are incurred for bonuses and other compensation provided to the agents. Sales of association memberships by our independent agents sales force tend to move in tandem with sales of health insurance policies; consequently, this decrease in other income and other expense is consistent with the decline in earned premium.

Year Ended December 31, 2008 versus December 31, 2007

For 2008, the SEA Division reported operating income of \$55.6 million compared to \$150.4 million in 2007, a decrease of \$94.8 million or 63.0%. The decrease in operating income is primarily attributable to a decrease in earned premium revenue of 11.1% and a decrease in investment and other income of 20.5%, which was slightly offset by a decrease in total expenses of 6.0%. Operating income as a percentage of earned premium revenue (*i.e.*, operating margin) in 2008 was 4.9% compared to 11.7% in 2007.

Earned premium revenue was \$1.1 billion in 2008 compared to \$1.3 billion in 2007, a decrease of \$141.8 million or 11.1%. This decrease is primarily attributable to a decrease in submitted annualized premium volume and a decrease in the average number of policies in force during the year. With respect to submitted annualized premium volume, we experienced a decrease of \$224.1 million, or 33.0% in 2008 from \$680.1 million in 2007 to \$455.9 million in 2008. The decrease in earned premium revenue reflects an attrition rate that exceeds the pace of new sales. With respect to new sales, we were experiencing increased competition in the marketplace, as well as a decrease of approximately 31.6% in the average number of writing agents in our independent sales force. In addition, there was an increased focus, particularly in the first quarter of 2008, on our new Medicare products offered, which led to a decreased focus on our core health products in the SEA Division. We exited the Medicare Advantage marketplace on December 31, 2008 and our focus for 2009 returned to our core health products. With respect to the average number of polices in force during the year, the decrease is attributable to a decrease in new policies issued during 2008 compared to prior year and lower persistency on existing policies. Total policies in force decreased by 42,700 policies or 13.2% during the year to approximately 281,700 during 2008 as compared to approximately 324,400 during 2007.

The increase in the loss ratio reflects an ongoing gradual shift in product mix to our CareOne product suite and other PPO products, which are designed to provide a higher proportion of premium dollars as benefits. During the period, our sales efforts have been focused on new PPO type products, which, by design, have a higher loss ratio than our previous products that were largely per occurrence or scheduled benefit products. In addition, as previously disclosed, during 2007, we made various refinements to the claim liability estimates.

Underwriting, acquisition and insurance expenses decreased to \$420.5 million in 2008 from \$478.1 million in 2007, a decrease of \$57.6 million or 12.0%. The decrease partially reflects the variable nature of certain expenses, including commission expenses and premium taxes, which are included in these amounts. Commission expenses and premium taxes generally vary in proportion to earned premium revenue. This decrease from 2007 also resulted from a

\$20.0 million expense associated with the settlement of the multi-state market conduct examination recognized in 2007 and an \$8.0 million asset impairment charge in 2007 associated with two technology assets that we determined were no longer of value to us.

Other income and other expenses both decreased in the current period compared to the prior year period. Other income largely consists of fee and other income received for sales of association memberships by our independent

41

Table of Contents

agent sales force. Sales of association memberships by our independent agent sales force tend to move in tandem with sales of health insurance policies; consequently, this decrease in other income is consistent with the decline in earned premiums and new sales. Other expenses consist of amounts incurred for bonuses and other compensation provided to the agents, which are based on policy sales during the current year.

Insphere

During the second quarter of 2009, we formed Insphere, an authorized insurance agency which will serve as an insurance agency specializing in small business and middle-income market life, health, long-term care and retirement insurance. Insphere distributes products underwritten by our insurance subsidiaries, as well as non-affiliated insurance companies. For 2009, Insphere reported an operating loss of \$11.9 million comprised primarily of start up costs.

Year Ended December 31, 2009

During 2009, Insphere completed marketing agreements with a number of life, health, long-term care and retirement insurance carriers, including, but not limited to, ING, Minnesota Life Insurance Company, John Hancock, United Healthcare s Golden Rule Insurance Company and Aetna. In the fourth quarter of 2009, Insphere began marketing individual health insurance products for United Healthcare s Golden Rule Insurance Company and Aetna.

Insphere serves as an insurance agency, which distributes insurance products underwritten by our insurance subsidiaries, as well as third-party insurance products underwritten by non-affiliated carriers. In addition to premiums revenue and underwriting profits on products written by our insurance subsidiaries, we also earned commission revenue generated from the distribution of third-party insurance products sold by Insphere agents. Commission revenue of \$1.1 million during 2009 was not material to our overall revenue; however, we anticipate that such revenues will continue to grow. For the year ended December 2009, Insphere reported \$13.0 million of expenses related to the creation and development of Insphere.

Corporate

Corporate includes investment income not otherwise allocated to the Insurance segment, realized gains and losses on sales, interest expense on corporate debt, the Company s Student Loan business, general expense relating to corporate operations, variable stock-based compensation and operations that do not constitute reportable operating segments.

Set forth below is a summary of the components of operating income (loss) at Corporate for each of the three most recent fiscal years:

	For the Year Ended December 31,					
	2009	(In t	2008 thousands)		2007	
Operating income (loss):						
Investment income on equity	\$ 10,519	\$	18,817	\$	39,538	
Net investment impairment losses recognized in earnings	(4,504)		(25,957)			
Realized gains, net	2,385		1,974		6,401	
Interest expense on corporate debt	(31,566)		(41,696)		(43,609)	
Expense on the early extinguishment of debt					(2,926)	
Student loan operations	(14)		(8,173)		1,432	
Variable stock-based compensation (expense) benefit	(858)		6,758		482	

General corporate expenses and other (49,298) (58,657) (31,140)

Operating loss \$ (73,336) \$ (106,934) \$ (29,822)

42

Table of Contents

Year Ended December 31, 2009 versus December 31, 2008

Corporate reported an operating loss in 2009 of \$73.3 million compared to \$106.9 million in 2008 for an overall decrease in operating expenses of \$33.1 million. The decrease in operating expenses is primarily due to the following items:

Investment income on equity decreased by \$8.8 million due to a reduction in the amount of assets available for investment in 2009 compared to 2008.

Realized gains, net increased by \$411,000. The 2008 results include \$8.5 million of losses realized in 2008 related to the Coinsurance Agreements entered into in connection with the Life Insurance Division, which was partially offset by the realization of \$5.5 million of contingent consideration associated with the sale of our former Student Insurance Division.

Net investment impairment losses recognized in earnings decreased by \$21.5 million as we recognized impairment losses on other-than-temporary impairments of \$4.5 million in 2009 on four securities compared to \$26.0 million on eight securities during 2008. These impairment charges resulted from other than temporary reductions in the fair value of these investments compared to our cost basis (see Note 4 of Notes to Consolidated Financial Statements for additional information).

Interest expense on corporate debt decreased by \$10.1 million from \$41.7 million in 2008 to \$31.6 million in 2009 due to a lower interest rate environment in 2009 compared to 2008. Additionally, the 2008 results include \$3.1 million of interest expense associated with the use of cash transferred to Wilton during the period from the Coinsurance Effective Date (July 1, 2008) to the Closing Date (September 30, 2008).

We maintain, for the benefit of our independent agents, various stock-based compensation plans. In connection with these plans, we record a non-cash variable stock-based compensation benefit or expense based on the performance of the fair value of our common stock. Variable stock-based compensation increased by \$7.6 million as a result of the \$0.75 increase in share price during 2009 compared to a decrease in the share price of \$16.00 in 2008.

General corporate expenses and other decreased by \$9.3 million from prior year. The 2008 results included \$6.5 million of costs primarily attributable to broker, consulting, legal and transaction fees related to the Life Insurance Division transaction in 2008 and employee termination costs of \$19.2 million associated with the departure of several executives. The 2009 results reflect costs in the amount of \$14.0 million related to strategic opportunities presented by the launch of Insphere and employee termination costs as the Company continues to align the workforce to current business levels.

Year Ended December 31, 2008 versus December 31, 2007

The Corporate segment reported an operating loss in 2008 of \$106.9 million compared to \$29.8 million in 2007 for an overall increase in operating expenses of \$77.1 million. The increase in operating expenses is primarily due to the following items:

Investment income on equity decreased by \$20.7 million primarily due to a decrease in income on our equity investments, a decrease in the average fixed maturities balance and a decrease in the short-term rates from prior year.

Realized gains, net decreased by \$4.4 million due to \$8.5 million of losses realized in 2008 related to the Coinsurance Agreements entered into in connection with the Life Insurance Division, which was partially offset by the realization of \$5.5 million of contingent consideration associated with the sale of our former Student Insurance Division.

Net investment impairment losses recognized in earnings was \$26.0 million as we recognized impairment losses on other-than-temporary impairments in 2008 on eight securities. These impairment charges resulted from other than temporary reductions in the fair value of these investments compared to our cost basis (see Note 4 of Notes to Consolidated Financial Statements for additional information).

43

Table of Contents

Interest expense on corporate debt decreased by \$1.9 million from \$43.6 million in 2007 to \$41.7 million in 2008. The decrease is due to a lower outstanding principal balance in 2008 on corporate debt reflecting a \$75.0 million principal payment made in 2007. However, we incurred additional interest expense of \$3.1 million during 2008 associated with the use of the cash transferred to Wilton during the period from the Coinsurance Effective Date of the Life Insurance Division transaction (July 1, 2008) to the actual Closing Date (September 30, 2008).

We maintain, for the benefit of our independent agents a stock-based compensation plan. In connection with the plan, we record a non-cash variable stock-based compensation benefit or expense based on the performance of the fair value of our common stock. We recorded a variable stock-based compensation benefit of \$6.8 million for 2008 as compared with a \$482,000 benefit in 2007. The 2008 benefit is primarily a reflection of a 46% decrease in the value of our share price on December 31, 2008 as compared to December 31, 2007.

General corporate expenses increased by\$27.5 million from \$31.1 million during 2007 to \$58.7 million during 2008. The increase is primarily due to \$19.2 million of employee termination costs incurred during 2008 associated with the departure of several corporate executives, as well as additional employee termination costs associated with the strategic reduction of our workforce implemented on November 18, 2008. Additional expenses included in general corporate expenses for 2008 include \$6.5 million of broker, legal and transaction fees related to the Life Insurance Division transaction.

Disposed Operations

Our Disposed Operations segment includes our former Life Insurance Division, our former Star HRG Division, our former Student Insurance Division, our former Medicare Division and our former Other Insurance Division.

The table below sets forth income (loss) from continuing operations for our Disposed Operations for the years ended December 31, 2009, 2008 and 2007:

	For the Y 2009	Year Ended Dece 2008 (In thousands)	mber 31, 2007
Income (loss) from Disposed Operations before federal income taxes:			
Life Insurance Division	\$ (2,488)	\$ (23,399)	\$ 2,550
Student Insurance Division	39	(359)	192
Star HRG Insurance Division	128	118	199
Medicare Insurance Division	(4,564)	(14,858)	(12,424)
Other Insurance Division	3,863	4,418	7,909
Total Disposed Operations	\$ (3,022)	\$ (34,080)	\$ (1,574)

Life Insurance Division

Year Ended December 31, 2009 versus December 31, 2008

Our Life Insurance Division reported an operating loss in 2009 of \$2.5 million compared to \$23.4 million in 2008. The decrease in our operating loss from 2008 reflects expenses incurred as a result of our decision to exit this business in 2008, as discussed below.

Year Ended December 31, 2008 versus December 31, 2007

During 2008, we exited the Life Insurance Division business, and, effective July 1, 2008, we ceded substantially all of the insurance policies associated with our former Life Insurance Division. As such, the results of operations for 2008 are not comparable to results of operations for 2007.

The Life Insurance Division reported an operating loss in 2008 of \$23.4 million compared to operating income of \$2.6 million in 2007. The loss reported in 2008 reflects expenses incurred as a result of our decision to exit this

44

Table of Contents

business in 2008 which costs are comprised of a \$13.0 million impairment charge on deferred acquisition costs based upon the consideration expected to be received in connection with the coinsurance arrangement, \$6.5 million in investment banker fees and legal fees, \$4.1 million related to employee severance and \$2.3 million related to facility lease termination costs. Also contributing to our operating loss in 2008 was the strengthening of our future policy and contract benefit reserves of \$3.9 million incurred in the first half of 2008 for certain interest sensitive whole life products.

Student Insurance Division

Our Student Insurance Division, which offered tailored health insurance programs that generally provided single school year coverage to individual students at colleges and universities, reported operating income (losses) of \$39,000, (\$359,000) and \$192,000 in the years ended 2009, 2008 and 2007, respectively. We have experienced very little activity in our Student Insurance Division since the sale on December 1, 2006.

Star HRG Division

Our former Star HRG Division, which designed, marketed and administered limited benefit health insurance plans for entry level, high turnover and hourly employees, reported operating income of \$128,000, \$118,000 and \$199,000 in the years ended 2009, 2008 and 2007, respectively. We have experienced very little activity in our Star HRG Division since the sale on July 11, 2006.

Medicare Division

In 2007, we expanded into the Medicare market by offering a new portfolio of Medicare Advantage Private-Fee-for-Service Plans in selected markets in 29 states with calendar year coverage effective for January 1, 2008. In July 2008, we determined we would not continue to participate in the Medicare business after the 2008 plan year. As such, the results of operations for 2009 are not comparable to the results of operations for 2008.

Set forth below is certain summary financial and operating data for the Medicare Division for each of the three most recent fiscal years:

	For the Year Ended December 31,					
		2009		2008		2007
		(De	ollar	s in thousa	nds)	
Revenues:						
Earned premium revenue	\$	1,103	\$	96,369	\$	
Investment income		136		356		
Total revenues		1,239		96,725		
Benefits and expenses:						
Benefits, claims and settlement expenses		5,707		80,305		
Underwriting, acquisition and insurance expenses		96		31,278		12,424
Total expenses		5,803		111,583		12,424
Operating loss	\$	(4,564)	\$	(14,858)	\$	(12,424)

Year Ended December 31, 2009

During early 2009, we experienced a higher than expected claim volume, as well as the submission of several large claims relating to the 2008 calendar year. As a result, we amended the completion factors used to calculate our reserves, and increased the overall projected lifetime loss ratio. As a result of our continued refinements of the completion factors throughout 2009, we increased the overall projected lifetime loss ratio from 83.3% as of December 31, 2008 to 88.2% as of December 31, 2009. At December 31, 2009, we have a remaining claims reserve of approximately \$3.3 million.

45

Table of Contents

Year Ended December 31, 2008

The Medicare Division produced \$96.4 million in earned premium in 2008 on 118,961 member months. The Company had approximately 9,975 enrolled members as of December 31, 2008. Benefit expenses for 2008 of \$80.3 million resulted in a loss ratio of 83.3%.

Underwriting, acquisition and insurance expenses of \$31.3 million for 2008 include commissions, marketing costs, and all administrative and operating costs. In connection with our exit from the Medicare market, we incurred employee termination costs of \$2.8 million and asset impairment charges of \$1.1 million, which were recorded in Underwriting, acquisition and insurance expenses on the consolidated statement of income (loss). The asset impairment charges were primarily related to certain Medicare specific technology projects in development. Additionally, during 2008, we recognized a \$4.9 million expense, recorded in Underwriting, acquisition and insurance expenses, associated with a minimum volume guarantee fee related to a contract with a third party administrator. This minimum volume guarantee fee was based on a minimum number of member months for the three year term of the contract covering calendar years 2008 through 2010.

Other Insurance

Our Other Insurance Division consisted of ZON-Re, an 82.5%-owned subsidiary, which underwrote, administered and issued accidental death, accidental death and dismemberment, accident medical, and accident disability insurance products, both on a primary and on a reinsurance basis. We distributed these products through professional reinsurance intermediaries and a network of independent commercial insurance agents, brokers and third party administrators. On June 5, 2009, HealthMarkets, LLC, entered into an Acquisition Agreement for the sale of its 82.5% membership interest in ZON-Re to Venue Re. The transaction contemplated by the Acquisition Agreement closed effective June 30, 2009. The sale of our membership interest in ZON-Re resulted in a total pre-tax loss of \$489,000. We will continue to reflect the existing insurance business on our financial statements to final termination of substantially all liabilities.

Set forth below is certain summary financial and operating data for the Other Insurance Division for each of the three most recent fiscal years:

	For the Year Ended Do 2009 2008 (Dollars in thous		
Revenues: Earned premium revenue Investment income	\$ 5,515 1,827		\$ 29,995 1,599
Other income	552		272
Total revenues Expenses:	7,894	29,205	31,866
Benefits, claims and settlement expenses	(808)) 14,228	12,643
Underwriting, acquisition and insurance expenses	4,839	10,559	11,314
Total expenses	4,031	24,787	23,957
Operating income	\$ 3,863	\$ 4,418	\$ 7,909

Year Ended December 31, 2009 versus December 31, 2008

In 2009, Other Insurance generated operating income of \$3.9 on revenue of \$7.9 million, compared to \$4.4 million on revenue of \$29.2 million for 2008. The overall decrease in operating income from the prior year is due to our exit from this line of business during the second quarter of 2009.

During 2009, we recognized positive experience related to benefits expense as a result of favorable claims experience on the policies maturing during the period, for which we have not renewed. Benefit expenses for 2008 include a large catastrophic claim on reinsured excess loss business in the amount of \$1.9 million and a \$900,000

46

Table of Contents

loss on quota share disability business, which was partially offset by favorable claim experience during 2008. Underwriting, acquisition and insurance expenses were \$4.8 million during 2009 compared to \$10.6 million in 2008. The decrease in expenses during 2009 reflects our exit from this line of business during the second quarter of 2009.

Year Ended December 31, 2008 versus December 31, 2007

In 2008, Other Insurance generated operating income of \$4.4 million compared to \$7.9 million in 2007, a decrease of \$3.5 million or 44.3%. The results for 2008 reflect adverse claim experience, in particular the impact of a large catastrophic claim on reinsured excess loss business in the amount of \$2.3 million. The decrease in underwriting, acquisition and insurance expenses for the current year includes a decrease in the incentive compensation plan tied to the current period profitability and a decrease in litigation expenses compared to the prior year periods.

Earned premium revenues were \$27.1 million in 2008 as compared with \$30.0 million in 2007, a decrease of \$2.9 million or 9.7%. In 2008, our principal insurance subsidiaries experienced downgrades in their financial strength ratings which had a negative effect on the growth of this business and our ability to maintain ZON Re s current level of operating income.

Benefits expenses were \$14.2 million in 2008 as compared with \$12.6 million in 2007, an increase of \$1.6 million or 12.7%. Benefits expenses increased in both dollars and in relation to earned premium revenue as expressed by the loss ratio of 52.4% in 2008, which is 24.2% higher than the loss ratio in 2007 of 42.2%. The increase in the loss ratio in 2008 reflected unfavorable claim experience in the current year related to a large catastrophic claim.

Liquidity and Capital Resources

We regularly monitor our liquidity position, including cash levels, principal investment commitments, interest and principal payments on debt, capital expenditures and compliance with regulatory requirements. We maintain liquidity at two levels: our insurance subsidiaries and our holding company.

Our regulated domestic insurance subsidiaries generate significant cash flows from operations. Liquidity requirements at the insurance subsidiaries generally consist of claim and benefit payments to policyholders and operating expenses, primarily for employee compensation and benefits. The Company meets such requirements by maintaining appropriate levels of cash, cash equivalents and short-term investments, using cash flows from operating activities and selling investments. After considering expected cash flows from operating activities, we generally invest cash at our regulated subsidiaries that exceeds our expected short-term obligations in longer term, investment-grade, marketable debt securities to improve our overall investment return. These investments are made after consideration of return objectives, regulatory limitations, tax implications and risk tolerances. Cash in excess of the capital needs of our domestic regulated insurance entities is paid to their non-regulated parent company, typically in the form of dividends, when and as permitted by applicable regulations.

The holding company generates cash flows primarily through dividends from its subsidiaries. Cash flows generated from dividends and through the issuance of long-term debt, further strengthen our operating and financial flexibility. Liquidity requirements at the holding company level generally consist of servicing debt, funding the start up costs of Insphere, reinvestments in our businesses through the expansion of our products and services and the repurchase of shares of our common stock.

Consolidated Cash Flows

Historically, our primary source of cash on a consolidated basis has been premium revenue from policies issued. The primary uses of cash on a consolidated basis have been for the payment for benefits, claims and commissions under

those policies, as well as operating expenses, primarily employee compensation and benefits.

47

Table of Contents

	For the Year Ended December 2009 2008			mbe	nber 31, 2007		
Cash Provided By (Used In): Operating activities: Net income (loss) Non-cash charges	\$	17,724 68,169	\$	(53,455) 32,990	\$	70,159 56,906	
Other operating activities		(100,445)		(199,095)		(48,257)	
Net cash provided by (used in) operating activities Investing activities Financing activities		(14,552) (49,638) (18,743)		(219,560) 364,446 (58,856)		78,808 322,989 (420,244)	
Net change in cash and cash equivalents Cash and cash equivalents at beginning of period		(82,933) 100,339		86,030 14,309		(18,447) 32,756	
Cash and cash equivalents at end of period	\$	17,406	\$	100,339	\$	14,309	

Operating Activities

Cash flows generated from operating activities are principally from net income, net of depreciation and amortization and other non-cash expenses. During 2009 and 2008, cash flows used in operating activities were \$14.6 million and \$219.6 million, respectively, compared to cash flows provided by operating activities of \$78.8 million in 2007.

Investing Activities

Cash flows from investing activities primarily consist of net investment purchases or sales and net purchases of property and equipment, which includes capitalized software. During 2009, we had cash flows used in investing activities of \$49.6 million compared to cash flows provided by investing activities of \$364.4 million in 2008 and \$323.0 million in 2007. In 2009 and 2008, we had net purchases of short-term and other investments of \$161.3 million and \$76.0 million, respectively, which were partially offset by net sales of available for sale securities of \$111.8 million and \$439.4 million, respectively. During 2007, we had net sales of short-term and other investments of \$261.0 million and net sales of available for sale securities of \$74.7 million.

Financing Activities

Cash flows used in financing activities primarily consist of repurchases of treasury stock, repayment of the student loan credit facility and dividends to shareholders. Cash flows provided by financing activities primarily consist of proceeds from shares issued to agent plans. During 2009, we had cash flows used in financing activities of \$18.7 million compared to \$58.9 million in 2008 and \$420.2 million in 2007. In 2009 and 2008, cash flows used in financing activities were primarily related to the purchase of treasury stock for \$21.2 million and \$58.1 million, respectively. In 2007, our use of cash flows for financing activities were related to the purchase of treasury stock of \$41.5 million, the repayment of notes payable of \$75.0 million and the payment of dividends to shareholders of \$317.0 million. The Company purchases stock primarily from current and former participants in the agent stock accumulation plan.

Holding Company

HealthMarkets, Inc. is a holding company, the principal asset of which is its investment in its wholly owned subsidiary, HealthMarkets, LLC (collectively referred to as the holding company). The holding company s ability to fund its cash requirements is largely dependent upon its ability to access cash, by means of dividends or other means, from HealthMarkets, LLC. HealthMarkets, LLC s principal assets are its investments in its separate operating subsidiaries, including its regulated domestic insurance subsidiaries.

48

Table of Contents

At December 31, 2009, 2008 and 2007, the aggregate cash and cash equivalents and short-term investments held at HealthMarkets, Inc. and HealthMarkets, LLC was \$242.2 million, \$232.1 million and \$42.5 million, respectively. Set forth below is a summary statement of aggregate cash flows for HealthMarkets, Inc. and HealthMarkets, LLC for each of the three most recent years:

	For the Year Ended December 3 2009 2008 20 (In thousands)			er 31, 2007		
Cash and cash equivalents and short-term investments on hand at beginning of year Sources of cash:	\$	232,123	\$	42,505	\$	311,481
Dividends from domestic insurance subsidiaries		71,800		249,600		171,200
Dividends from offshore insurance subsidiaries		480		3,500		5,040
Dividends from non-insurance subsidiaries		2,000		30,058		
Proceeds from other financing activities		11,468		18,301		54,185
Proceeds from stock option activities				335		1,164
Net tax treaty payments from subsidiaries		26,669		19,328		36,029
Net investment activities		4,579		8,665		
Total sources of cash		116,996		329,787		267,618
Uses of cash:						
Cash to operations		(37,472)		(38,585)		(26,508)
Contributions/investment in subsidiaries		(120)		(6,654)		(15,484)
Interest on debt		(25,143)		(30,289)		(36,911)
Repayment of debt						(75,000)
Financing activities		(23,152)		(6,587)		(3,800)
Dividends paid to shareholders						(316,996)
Purchases of HealthMarkets common stock		(21,067)		(58,054)		(41,535)
Net investment activities						(20,360)
Total uses of cash		(106,954)		(140,169)		(536,594)
Cash and cash equivalents on hand at end of year	\$	242,165	\$	232,123	\$	42,505
Cash and cash equivalents and short-term investments at	Φ	24.204	ф	20.740	Ф	17, 175
HealthMarkets, Inc.	\$	24,394	\$	30,748	\$	17,175
Cash and cash equivalents and short-term investments at HealthMarkets, LLC.		217,771		201,375		25,330
Cash and cash equivalents and short-term investments on hand at						
end of year	\$	242,165	\$	232,123	\$	42,505

Sources of Cash and Liquidity

During 2009, 2008 and 2007, the holding company received an aggregate of \$74.3 million, \$283.2 million and \$176.2 million, respectively, in cash dividends from our subsidiaries.

In 2009, 2008 and 2007, the holding company received \$11.5 million, \$18.3 million and \$54.2 million, respectively, in proceeds from other financing activities largely consisting of \$11.1 million, \$14.8 million and \$50.4 million, respectively, in proceeds from subsidiaries to acquire shares in the agent stock plans. The 2007 activity was unusually greater than 2009 and 2008 in large part due to a \$27.9 million reinvestment of the special cash dividend in May 2007.

49

Table of Contents

Uses of Cash and Liquidity

During 2009, 2008 and 2007, the holding company paid \$21.2 million, \$58.1 million and \$41.5 million, respectively, to repurchase shares of its common stock from former officers and former and current participants of the agent stock plans.

In 2009, 2008 and 2007, the holding company paid \$25.1 million, \$30.3 million and \$36.9 million, respectively in interest on outstanding debt.

During 2009, the holding company used \$23.1 million in financing activities of which approximately \$19.5 million was used to fund Insphere costs.

During 2007, the holding company made a voluntary principal prepayment of \$75.0 million on the term loan.

During 2007, the holding company paid a special cash dividend of \$317.0 million.

2010 Dividend to Shareholders

Effective February 25, 2010, the Board of Directors of HealthMarkets, Inc. declared a special dividend in the amount of \$3.94 per share for Class A-1 and Class A-2 common stock to holders of record as of the close of business on March 1, 2010, payable on March 9, 2010. In connection with the special cash dividend, the Company paid dividends to stockholders in the aggregate of \$120.3 million.

Regulatory Requirements

The state of domicile of each of the Company s domestic insurance subsidiaries imposes minimum risk-based capital requirements that were developed by the NAIC. The formulas for determining the amount of risk-based capital specify various weighting factors that are applied to financial balances and premium levels based on the perceived degree of risk. Regulatory compliance is determined by a ratio of a company s regulatory total adjusted capital, as defined, to its authorized control level risk-based capital, as defined. Companies specific trigger points or ratios are classified within certain levels, each of which requires specified corrective action.

Generally, the total stockholders equity of domestic insurance subsidiaries (as determined in accordance with statutory accounting practices) in excess of minimum statutory capital requirements is available for transfer to the parent company, subject to the tax effects of distribution from the policyholders surplus account.

The required minimum aggregate statutory capital and surplus of our principal domestic insurance subsidiaries were as follows at December 31, 2009:

	Minimu (In	m Actual millions)
Mega	\$ 29.	9 \$ 239.1
Mid-West	11.	.1 77.8
Chesapeake	8.	.0 42.2
HealthMarkets Insurance	8.	.6 8.8

Total \$ 57.6 \$ 367.9

At December 31, 2009, the risk-based capital ratio of each of our insurance subsidiaries exceeds the ratio for which regulatory corrective action would be required.

Dividend Restrictions

We conduct a significant portion of our business through our insurance subsidiaries, which are subject to regulations and standards established by their respective states of domicile. Most of these regulations and standards conform to those established by the NAIC. These standards require our insurance subsidiaries to maintain specified levels of statutory capital, as defined by each state, and restrict the timing and amount of dividends and other distributions that may be paid to their parent company. Generally, the amount of dividend distributions that may be

50

Table of Contents

paid by a regulated subsidiary, without prior approval by state regulatory authorities, is limited based on the entity s level of statutory net income and statutory capital and surplus (see *Regulatory Requirements* discussion above).

Our domestic insurance companies paid dividends of \$68.8 million, \$249.6 million (including the \$110.0 million extraordinary dividend) and \$171.2 million (including the \$100.0 million extraordinary dividend), respectively, to HealthMarkets, LLC in 2009, 2008 and 2007.

During 2010, based on the 2009 statutory net income and statutory capital and surplus levels, the Company s domestic insurance companies are eligible to pay, without prior approval of the regulatory authorities, aggregate dividends in the ordinary course of business to HealthMarkets, LLC of approximately \$97.9 million. However, as it has done in the past, the Company will continue to assess the results of operations of the regulated domestic insurance companies to determine the prudent dividend capability of the subsidiaries. This is consistent with our practice of maintaining risk-based capital ratios at each of our domestic insurance subsidiaries significantly in excess of minimum requirements.

Contractual Obligations and Off Balance Sheet Arrangements

The following table sets forth additional information with respect to our outstanding debt:

	Maturity	Decem	ber 31,
	Maturity Date	2009	2008
2006 credit agreement:			
Term loan	2012	\$ 362,500	\$ 362,500
\$75 million revolver			
Trust preferred securities:			
UICI Capital Trust I	2034	15,470	15,470
HealthMarkets Capital Trust I	2036	51,550	51,550
HealthMarkets Capital Trust II	2036	51,550	51,550
Total		\$ 481,070	\$ 481,070
Student Loan Credit Facility		77,350	86,050
Total		\$ 558,420	\$ 567,120

In April 2006, we borrowed \$500.0 million under a term loan credit facility and issued \$100.0 million of Floating Rate Junior Subordinated Notes (see Note 9 of Notes to Consolidated Financial Statements).

Grapevine Finance LLC, a non-consolidated qualifying special purpose entity issued \$72.4 million of senior secured notes to an institutional purchaser which mature July 2015 (see Note 11 of Notes to Consolidated Financial Statements).

We maintain a line of credit in excess of anticipated liquidity requirements. As of December 31, 2009, HealthMarkets had a \$75.0 million unused line of credit, of which \$65.8 million was available to us. The unavailable balance of \$9.2 million relates to letters of credit outstanding related to our former Other Insurance operations.

Table of Contents

Set forth below is a summary of our consolidated contractual obligations at December 31, 2009:

	Payment Due by Period								
	Less than					More than			
		Total	1 Year	1	-3 Years	3-	5 Years	4	5 Years
			((In t	housands)				
Corporate debt	\$	481,070	\$	\$	362,500	\$		\$	118,570
Student Loan Credit Facility		77,350	12,550		22,150		16,850		25,800
Future policy benefits(1)		462,217	30,787		45,308		41,842		344,280
Claim liabilities(1)		339,755	274,402		62,629		1,866		858
Student loan commitments(2)		2,988	761		1,242		680		305
Goldman Sachs Real Estate Partners,									
L.P.		4,400			4,400				
Blackstone Strategic Alliance									
Fund L.P.		3,200	3,200						
Operating lease obligations		9,678	4,116		4,988		574		
Total	\$	1,380,658	\$ 325,816	\$	503,217	\$	61,812	\$	489,813

- (1) In connection with the sales our former Life Insurance Division, our former Star HRG Division and our former Student Insurance Division, we entered into coinsurance arrangements with each of the purchasers, pursuant to which the purchasers agreed to assume liability for future benefits associated with such businesses (see Note 6 of Notes to Consolidated Financial Statements for additional information with respect to these coinsurance arrangements).
- (2) The Company has outstanding commitments to fund student loans through 2026 for an aggregate amount of \$116.9 million. However, based upon utilization rates and policy lapse rates, the Company only expects to fund \$3.0 million. In accordance with the terms of the Coinsurance Policies, Wilton will fund student loans; provided, however, that Wilton will not be required to fund any student loan that would cause the aggregate par value of all such loans funded by Wilton, following the Coinsurance Effective Date, to exceed \$10.0 million (see Notes 5 and 18 of Notes to Consolidated Financial Statements for additional information with respect to student loans).

Critical Accounting Policies and Estimates

Our discussion and analysis of the consolidated financial condition and results of operations are based upon the consolidated financial statements, which have been prepared in accordance with generally accepted accounting principles in the United States of America (GAAP). The preparation of these financial statements requires us to make estimates and judgments that affect the reported amounts of assets, liabilities, revenues and expenses and related disclosure of contingent assets and liabilities. On an on-going basis, we evaluate our estimates, including those related to health and life insurance claims, bad debts, investments, intangible assets, income taxes, financing operations and contingencies and litigation. We base our estimates on historical experience, as well as various other assumptions that we believe to be reasonable under the circumstances, the results of which form the basis for making judgments about the carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates under different assumptions or conditions.

We believe the following critical accounting policies affect the more significant judgments and estimates used in the preparation of our consolidated financial statements, which are discussed in more detail below:

the valuations of certain assets and liabilities require fair value estimates;

allowance for doubtful accounts;

the amount of policy liabilities expected to be paid in future periods;

the realization of deferred acquisition costs;

the carrying amount of goodwill and other intangible assets;

the amortization period of intangible assets;

52

Table of Contents

stock-based compensation plan forfeitures;

the realization of deferred taxes:

reserves for contingencies, including reserves for losses in connection with unresolved legal and regulatory matters; and

other matters that affect the reported amounts and disclosure of contingencies in the financial statements.

Estimates, by their nature, are based on judgment and available information. Therefore, actual results could differ from those estimates and could have a material impact on the consolidated financial statements.

Fair Value Measurements

We account for our investments and certain other assets and liabilities recorded at fair value in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures (ASC 820), which requires us to categorize such assets and liabilities into a three-level hierarchy. As discussed in more detail below, the determination of fair value for certain assets and liabilities may require the application of a greater degree of judgment given recent volatile market conditions, as the ability to value assets can be significantly impacted by a decrease in market activity. We evaluate the various types of securities in our investment portfolio to determine the appropriate level in the fair value hierarchy based upon trading activity and the observability of market inputs. We employ control processes to validate the reasonableness of the fair value estimates of our assets and liabilities, including those estimates based on prices and quotes obtained from independent third party sources. Our procedures generally include, but are not limited to, initial and ongoing evaluation of methodologies used by independent third parties and monthly analytical reviews of the prices against current pricing trends and statistics.

Where possible, we utilize quoted market prices to measure fair value. For investments that have quoted market prices in active markets, we use the quoted market price as fair value and include these prices in the amounts disclosed in Level 1 of the hierarchy. When quoted market prices in active markets are unavailable, we determine fair values using various valuation techniques and models based on a range of observable market inputs including pricing models, quoted market price of publicly traded securities with similar duration and yield, time value, yield curve, prepayment speeds, default rates and discounted cash flow. In most cases, these estimates are determined based on independent third party valuation information, and the amounts are disclosed in Level 2 of the fair value hierarchy. Generally, we obtain a single price or quote per instrument from independent third parties to assist in establishing the fair value of these investments.

If quoted market prices and independent third party valuation information are unavailable, we produce an estimate of fair value based on internally developed valuation techniques, which, depending on the level of observable market inputs, will render the fair value estimate as Level 2 or Level 3. On occasions when pricing service data is unavailable, we may rely on bid/ask spreads from dealers in determining the fair value. When dealer quotations are used to assist in establishing the fair value, we generally obtain one quote per instrument. The quotes obtained from dealers or brokers are generally non-binding. When dealer quotations are used, we use the mid-mark as fair value. When broker or dealer quotations are used for valuation or price verification, greater priority is given to executable quotes. As part of the price verification process, valuations based on quotes are corroborated by comparison both to other quotes and to recent trading activity in the same or similar instruments.

To the extent we determine that a price or quote is inconsistent with actual trading activity observed in that investment or similar investments, or if we do not think the quote is reflective of the market value for the investment, we will internally develop a fair value using this observable market information and disclose the occurrence of this circumstance.

Beginning in 2008, we determined that the non-binding quoted price received from an independent third party broker for a particular collateralized debt obligation investment did not reflect a value based on an active market. During discussions with the independent third party broker, we learned that the price quote was established by applying a discount to the most recent price that the broker had offered the investment. However, there were no

53

Table of Contents

responding bids to purchase the investment at that price. As this price was not set based on an active market, we developed a fair value for the investment. We continued to fair value this debt obligation as such during 2009.

Investments

We have classified our investments in securities with fixed maturities as either available for sale or trading. Fixed maturities classified as available for sale and equity securities have been recorded at fair value, and unrealized investment gains and losses are reflected in stockholders equity. Trading investments have been recorded at fair value, and investment gains and losses are reflected in Realized gains, net on the consolidated statements of income (loss).

Investments are reviewed at least quarterly, using both quantitative and qualitative factors, to determine if they have experienced an impairment of value that is considered other-than-temporary. In its review, management considers the following indicators of impairment: fair value significantly below cost; decline in fair value attributable to specific adverse conditions affecting a particular investment; decline in fair value attributable to specific conditions, such as conditions in an industry or in a geographic area; decline in fair value for an extended period of time; downgrades by rating agencies from investment grade to non-investment grade; financial condition deterioration of the issuer and situations where dividends have been reduced or eliminated or scheduled interest payments have not been made. Additionally, we assess whether the amortized cost basis will be recovered by comparing the present value of cash flows expected to be collected with the amortized cost basis of the investment. When the determination is made that an other-than-temporary impairment (OTTI) exists but we do not intend to sell the security and it is not more likely than not that we will be required to sell the security before the recovery of its remaining amortized cost basis, we determine the amount of the impairment related to a credit loss and the amount related to other factors. OTTI losses attributed to a credit loss are recorded in Net impairment losses recognized in earnings on the statement of income (loss). OTTI losses attributed to other factors are reported in Accumulated other comprehensive income (loss) as a separate component of stockholders equity and accordingly have no effect on our net income (loss).

Testing for impairment of investments requires significant management judgment. The identification of potentially impaired investments, the determination of their fair value and the assessment of whether any decline in value is other than temporary are the key judgment elements. The discovery of new information and the passage of time can significantly change these judgments. Revisions of impairment judgments are made when new information becomes known, and any resulting impairments are made at that time. The economic environment and volatility of securities markets increase the difficulty of determining fair value and assessing investment impairment. The same influences tend to increase the risk of potentially impaired assets.

Upon our adoption of FSP SFAS No. 115-2 in the second quarter of 2009, which was codified into FASB ASC Topic 320, *Investments Debt and Equity Securities* (ASC 320), we recorded a cumulative-effect adjustment for debt securities held at adoption for which an OTTI had been previously recognized. We recognized such tax-effected cumulative effect of initially applying this guidance as an adjustment to Retained earnings for \$1.0 million, net of tax, with a corresponding adjustment to Accumulated other comprehensive income.

Investment in a Non-Consolidated Subsidiary

On August 3, 2006, Grapevine was incorporated in the State of Delaware as a wholly owned subsidiary of HealthMarkets, LLC. On August 16, 2006, the Company distributed and assigned to Grapevine the \$150.8 million promissory note (CIGNA Note) and related Guaranty Agreement issued by Connecticut General Corporation in the Star HRG sale transaction (see Note 11 of Notes to Consolidated Financial Statements). On August 16, 2006, Grapevine issued \$72.4 million of its senior secured notes to an institutional purchaser collateralized by Grapevine s assets including the CIGNA Note. The net proceeds from the senior secured notes were distributed to HealthMarkets, LLC.

Grapevine is a non-consolidated qualifying special purpose entity and, as such, HealthMarkets does not consolidate the financial results of Grapevine. Instead, we account for our residual interest in Grapevine as an investment in fixed maturity securities. We measure the fair value of our residual interest in Grapevine using a present value model incorporating the following two key economic assumptions: (1) the timing of the collections of

54

Table of Contents

interest on the CIGNA Note, payments of interest expense on the senior secured notes and payment of other administrative expenses and (2) an assumed yield observed on a comparable CIGNA bond.

In January 2010, the FASB issued ASU No. 2009-16, *Accounting for Transfers of Financial Assets and Servicing Assets and Liabilities* (ASU 2009-16), which provides amendments to ASC 860. ASU 2009-16 incorporates the amendments to SFAS No. 140 made by SFAS No. 166, *Accounting for Transfers of Financial Assets an amendment of SFAS No. 140*, into the FASB ASC. ASU 2009-16 provides greater transparency about transfers of financial assets and limits the circumstances in which a financial asset, or portion of a financial asset, should be derecognized when the entire financial asset has not been transferred to a non-consolidated entity, and requires that all servicing assets and servicing liabilities be initially measured at fair value. Additionally, ASU 2009-16 eliminates the concept of a QSPE and removes the exception from applying FASB Interpretation No. 46 (revised December 2003), *Consolidation of Variable Interest Entities*, to QSPEs. This guidance is effective for annual and interim periods beginning after November 15, 2009. The Company has not yet determined the impact that the adoption of this guidance will have on its financial position and results of operations.

Acquisition Costs

Deferred Acquisition Costs

We incur various costs in connection with the origination and initial issuance of our health insurance policies, including underwriting and policy issuance costs, costs associated with lead generation activities and distribution costs (*i.e.*, sales commissions paid to agents). We defer those costs that vary with production, generally commissions paid to agents and premium taxes with respect to the portion of health premium collected but not yet earned, and we amortize the deferred expense over the period as premium is earned.

The calculation of DAC requires us to use estimates based on actuarial valuation techniques. We review our actuarial assumptions and deferrable acquisition costs each year and, when necessary, we revise such assumptions to more closely reflect recent experience. For policies in force, we evaluate DAC to determine whether such costs are recoverable from future revenues. Any resulting adjustment is charged against net earnings.

2009 Change in Estimates

Prior to January 1, 2009, our basis for the amortization period on deferred lead costs and the portion of DAC associated with excess commissions paid to agents was the estimated weighted average life of the insurance policy, which approximated 24 months. The monthly amortization factor was calculated to correspond with the historical persistency of policies (i.e. the monthly amortization is variable and is higher in the early months). Beginning January 1, 2009, on newly issued policies, we refined our estimated life of the policy to approximate the premium paying period of the policy based on the expected persistency over this period. As such, these costs are now amortized over five years, and the monthly amortization factor is calculated to correspond with the expected persistency experience for the newly issued policies. However, the amounts amortized will continue to be substantially higher in the early months of the policy as both are based on the persistency of our insurance policies. Policies issued before January 1, 2009 will continue to be amortized using the existing assumptions in place at the time of the issuance of the policy.

Additionally, prior to January 1, 2009, certain other underwriting and policy issuance costs, which we determined to be more fixed than variable, were expensed as incurred. Effective January 1, 2009, we determined that, due to changes in both our products and our underwriting procedures performed, certain of these costs have become more variable than fixed in nature. As such, we began deferring such costs over the expected premium paying period of the policy, which approximates five years.

These changes resulted in a decrease in Underwriting, acquisition and insurance expenses of \$12.8 million for 2009.

Goodwill and Other Identifiable Intangible Asset

We account for goodwill and other intangibles in accordance with FASB ASC Topic 350, *Intangibles Goodwill and Other* (ASC 350), which requires that goodwill and other intangible assets be tested for impairment

55

Table of Contents

at least annually or more frequently if certain indicators arise. An impairment loss would be recorded in the period such determination was made. Consistent with prior years, we use assumptions and estimates in our valuation, and actual results could differ from those estimates. ASC 350 also requires that intangible assets with estimable useful lives be amortized over their respective estimated useful lives to their estimated residual values. Management makes assumptions regarding the useful lives assigned to intangible assets. We currently amortize intangible assets with estimable useful lives over a period ranging from five to twenty-five years, however, management may revise amortization periods if they believe there has been a change in the length of time that an intangible asset will continue to have value. If these estimates or their related assumptions change in the future, we may be required to record impairment losses or change the useful life, including accelerating amortization for these assets.

Claims Liabilities

The Company establishes liabilities for benefit claims that have been reported but not paid and claims that have been incurred but not reported under health and life insurance contracts. Consistent with overall company philosophy, a claim liability estimate is determined which is expected to be adequate under reasonably likely circumstances. This estimate is developed using actuarial principles and assumptions that consider a number of items as appropriate, including but not limited to historical and current claim payment patterns, product variations, the timely implementation of appropriate rate increases and seasonality. The Company does not develop ranges in the setting of the claims liability reported in the financial statements

The majority of the Company s claim liabilities are estimated using the developmental method, which involves the use of completion factors for most incurral months, supplemented with additional estimation techniques, such as loss ratio estimates, in the most recent incurral months. This method applies completion factors to claim payments in order to estimate the ultimate amount of the claim. These completion factors are derived from historical experience and are dependent on the incurred dates of the claim payments. The completion factors are selected so that they are equally likely to be redundant as deficient.

For the majority of health insurance products offered through the SEA Division, the Company establishes the claims liability using the original incurred date. Under the original incurred date methodology, claims liabilities for the cost of all medical services related to the accident or sickness are recorded at the earliest date of diagnosis or treatment, even though the medical services associated with such accident or sickness might not be rendered to the insured until a later financial reporting period. A break in service of more than six months will result in the establishment of a new incurred date for subsequent services. A new incurred date will be established if claims payments continue for more than thirty-six months without a six month break in service.

Beginning in 2008, the SEA Division began using date of service to establish the claim liability for new contracts introduced or updated in or after 2008.

In estimating the ultimate level of claims for the most recent incurral months, the Company uses what it believes are prudent estimates that reflect the uncertainty involved in these incurral months. An extensive degree of judgment is used in this estimation process. For healthcare costs payable, the claim liability balances and the related benefit expenses are highly sensitive to changes in the assumptions used in the claims liability calculations. With respect to health claims, the items that have the greatest impact on the Company's financial results are the medical cost trend, which is the rate of increase in healthcare costs, and the unpredictable variability in actual experience. Any adjustments to prior period claim liabilities are included in the benefit expense of the period in which adjustments are identified. Due to the considerable variability of healthcare costs and actual experience, adjustments to health claim liabilities usually occur each quarter and are sometimes significant.

The Company believes that its recorded claim liabilities are reasonable and adequate to satisfy its ultimate claims liability. The Company uses its own experience as appropriate and relies on industry loss experience as necessary in areas where the Company s data is limited. Our estimate of claim liabilities represents management s best estimate of the Company s liability as of December 31, 2009.

The completion factors and loss ratio estimates in the most recent incurred months are the most significant factors affecting the estimate of the claim liability. The Company believes that the greatest potential for variability from estimated results is likely to occur at its SEA Division. The following table illustrates the sensitivity of these

56

Table of Contents

factors and the estimated impact to the December 31, 2009 unpaid claim liability for the SEA Division. The scenarios selected are reasonable based on the Company s past experience, however future results may differ.

Completion Factor(a)		Loss Ratio Estimate(b)				
Increase (Decrease) in Factor	Increase (Decrease) in Estimated Claim Liability (In thousands)	Increase (Decrease) in Ratio	Increase (Decrease) in Estimated Claim Liability (In thousands)			
0.015	\$ (25,403)	6	\$ 24,762			
0.010	(17,808)	3	12,381			
0.005	(9,380)	(3)	(12,381)			
(0.005)	9,626	(6)	(24,762)			
(0.010)	19,357	(9)	(37,143)			
(0.015)	29,194	(12)	(49,524)			

- (a) Impact due to change in completion factors for incurred months prior to the most recent five months.
- (b) Impact due to change in estimated loss ratio for the most recent five months.

Changes in SEA Claim Liability Estimates

The SEA Division reported particularly favorable experience development on claims incurred in prior years in the reported values of subsequent years (see Note 8 of Notes to Consolidated Financial Statements for discussion of claims liability development experience). A significant portion of the favorable experience development was attributable to the recognition of the patterns used in establishing the completion factors that were no longer reflective of the expected future patterns that underlie the claim liability. In response to evaluating these results, the Company has recognized the nature of its business is constantly changing. As such, HealthMarkets has refined its estimates and assumptions used in calculating the claim liability estimate to regularly accommodate the changing patterns immediately as they emerge.

The Company s estimates with respect to claims liability and related benefit expenses are subject to an extensive degree of judgment. During the fourth quarter of 2009, based on a review of its claims processing for state mandated benefits (which review is expected to be completed by the first half of 2011), the Company refined its claim liability estimate related to state mandated benefits. Based on this review of submitted charges for state mandated benefits, the Company recorded a claim liability estimate of \$23.9 million.

No additional refinements to the claim liability estimation techniques were found to be necessary during 2008 over and above the regular update of the completion factors, the impact of which was included in the benefit expense.

During 2007, the Company made the following refinements to its claim liability estimate.

The claim liability was reduced by \$12.3 million resulting from a refinement to the estimate of unpaid claim liability specifically for the most recent incurral months. In particular, the Company reassessed its claim liability estimates among product lines between the more mature scheduled benefit products that have more historical data and are more predictable, and the newer products that are less mature, have less historical data and are more susceptible to deviation.

A reduction in the claim liability of \$11.2 million was attributable to an update of the completion factors used in the developmental method of estimating the unpaid claim liability to reflect more recent claims payment experience.

The Company made certain refinements to reduce its estimate of the claim liability for the ACE rider totaling \$10.9 million. These refinements were attributable to updates of the completion factors used in estimating the claim liability for the ACE rider, reflecting an increasing reliance on actual historical data for the ACE rider in lieu of large claim data derived from other products.

57

Table of Contents

Accounting for Agent Stock Accumulation Plans

Historically, we have sponsored a series of stock accumulation plans (the Agent Plans) established for the benefit of our independent insurance agents and independent sales representatives. Unvested benefits under the Agent Plans vest in January of each year. We have established a liability for future unvested benefits under the Agent Plans, and we adjust such liability based on the fair value of our common stock. As such, we have experienced, and will continue to experience, unpredictable stock-based compensation charges, depending upon fluctuations in the fair value of HealthMarkets Class A-2 common stock. These unpredictable fluctuations in stock based compensation charges may result in material non-cash fluctuations in our operations (see discussion above under the caption Variable Stock-Based Compensation and Note 14 of Notes to Consolidated Financial Statements). In connection with the reorganization of the Company s agent sales force into an independent career-agent distribution company, and the launch of Insphere, effective January 1, 2010, the Agent Plans were superseded and replaced by the HealthMarkets, Inc. InVest Stock Ownership Plan (the ISOP).

Deferred Taxes

We record deferred tax assets to reflect the impact of temporary differences between the financial statement carrying amounts and tax bases of assets. Realization of the net deferred tax asset is dependent on generating sufficient future taxable income. The amount of the deferred tax asset considered realizable, however, could be reduced in the near term if estimates of future taxable income during the carryforward period are reduced.

We establish a valuation allowance when management believes, based on the weight of the available evidence, that it is more likely than not that all or some portion of the deferred tax asset will not be realized. We consider future taxable income and ongoing prudent and feasible tax planning strategies in assessing the continued need for a recorded valuation allowance. Establishing or increasing the valuation allowance would result in a charge to income in the period such determination was made. In the event we were to determine that we would be able to realize our deferred tax assets in the future in excess of its net recorded amount, an adjustment to the deferred tax asset would increase income in the period such determination was made.

Loss Contingencies

We are subject to proceedings and lawsuits related to insurance claims, regulatory issues, and other matters (see Note 18 of Notes to Consolidated Financial Statements). We are required to assess the likelihood of any adverse judgments or outcomes to these matters, as well as potential ranges of probable losses. A determination of the amount of accruals required, if any, for these contingencies is made after careful analysis of each individual issue. The required accruals may change in the future due to new developments in each matter or changes in approach, such as a change in settlement strategy in dealing with these matters.

Risk Management

HealthMarkets encounters risk in the normal course of business, and therefore, we have designed risk management processes to help manage such risks. The Company is subject to varying degrees of market risks, inflation risk, operational risks and liquidity risks (see Liquidity and Capital Resources discussion above) and monitors these risks on a consolidated basis.

Market Risks

Our assets and liabilities, including financial instruments, are subject to the risk of potential loss arising from adverse changes in market rates and prices. Market risk is directly influenced by the volatility and liquidity in the markets in which the related underlying assets are traded.

Sensitivity analysis is defined as the measurement of potential loss in future earnings, fair values or cash flows of market sensitive instruments resulting from one or more selected hypothetical changes in interest rates and other market rates or prices over a selected time. In our sensitivity analysis model, a hypothetical change in market rates is selected that is expected to reflect reasonably possible near-term changes in those rates. Near term—is defined as a period of time going forward up to one year from the date of the consolidated financial statements.

58

Table of Contents

In this sensitivity analysis model, we use fair values to measure its potential loss. The primary market risk to our market sensitive instruments is interest rate risk. The sensitivity analysis model uses a 100 basis point change in interest rates to measure the hypothetical change in fair value of financial instruments included in the model. For invested assets, duration modeling is used to calculate changes in fair values. Duration on invested assets is adjusted to call, put and interest rate reset features.

The sensitivity analysis model increases the loss in fair value of market sensitive instruments by \$29.3 million based on a 100 basis point increase in interest rates as of December 31, 2009. This loss value only reflects the impact of an interest rate increase on the fair value of our financial instruments.

We use interest rate swaps as part of our risk management activities to protect against the risk of changes in prevailing interest rates adversely affecting future cash flows associated with \$200.0 million of the \$362.5 million term loan debt. Approximately \$229.5 million of our remaining outstanding debt at December 31, 2009, was exposed to the fluctuation of the three-month London Inter-bank Offer Rate (LIBOR). The sensitivity analysis shows that if the three-month LIBOR rate changed by 100 basis points (1%), our interest expense would change by approximately \$2.3 million.

Our Investment Committee monitors the investment portfolio of the Company and its subsidiaries. The Investment Committee receives investment management services from external professionals and from our in-house investment management team. The internal investment management team monitors the performance of the external managers as well as directly managing approximately 77% of the investment assets. During December 2009, the remaining external manager was terminated effective February 2010 and 100% of invested assets will be managed by the in-house investment management team.

Investments are selected based upon the parameters established in the Company s investment policies. Emphasis is given to the selection of high quality, liquid securities that provide current investment returns. Maturities or liquidity characteristics of the securities are managed by continually structuring the duration of the investment portfolio to be consistent with the duration of the policy liabilities. Consistent with regulatory requirements and internal guidelines, we invest in a range of assets, but limit our investments in certain classes of assets, and limit our exposure to certain industries and to single issuers.

Fixed maturity securities represented 66.5% and 78.3% of our total investments at December 31, 2009 and 2008, respectively. At December 31, 2009, fixed maturity securities consisted of the following:

	Decem	ber 31, 2009 % of Total
	Carrying Value	Carrying Value
	(Dollars	in thousands)
U.S. and U.S. Government agencies	\$ 49,790	6.6%
Corporate bonds and municipals	518,014	68.5%
Mortgage-backed securities issued by U.S. Government agencies and authorities	114,608	15.2%
Other mortgage and asset backed securities	68,601	9.1%
Other	5,167	0.6%
Total fixed maturity securities	\$ 756,180	100.0%

Corporate bonds, included in the fixed maturity portfolio, consist primarily of short term and medium term investment grade bonds. The Company s investment policy with respect to concentration risk limits individual investment grade bonds to 3% of assets and non-investment grade bonds to 2% of assets. The policy also limits the investments in any one industry to 20% of assets. As of December 31, 2009, the largest concentration in any one investment grade corporate bond was \$93.5 million, which represented 8.4% of total invested assets. This security was received as payment on the sale of our Student Insurance Division. To limit its credit risk, we have taken out \$75.0 million of credit default insurance on this bond, reducing our default exposure to \$18.5 million, or 1.7% of total invested assets. The largest concentration in any one non-investment grade corporate bond was \$4.8 million, which represented less than 1% of total invested assets. The largest concentration to any one industry was less than

59

Table of Contents

10%. Additionally, due primarily to long standing conservative investment guidelines, our direct exposure to sub prime investments and auction rate securities is 2.1% of investments.

Included in the fixed maturity portfolio are mortgage-backed securities, including collateralized mortgage obligations, mortgage-backed pass-through certificates and commercial mortgage-backed securities. To limit our credit risk, we invest in mortgage-backed securities that are rated investment grade by the public rating agencies. Our mortgage-backed securities portfolio is a conservatively structured portfolio that is concentrated in the less volatile tranches, such as planned amortization classes and sequential classes. We seek to minimize prepayment risk during periods of declining interest rates and minimize duration extension risk during periods of rising interest rates. We have less than 1% of our investment portfolio invested in the more volatile tranches.

A quality distribution for fixed maturity securities at December 31, 2009 is set forth below:

	December 31, 2009							
		% of Total						
	Carrying	Carrying						
Rating	Value	Value						
	(Dollars in thousands)							
U.S. Government and AAA	\$ 309,232	40.9%						
AA	105,887	14.0%						
A	241,796	32.0%						
BBB	83,320	11.0%						
Less than BBB	15,945	2.1%						
	\$ 756,180	100.0%						

We regularly monitor our investment portfolio to attempt to minimize our concentration of credit risk in any single issuer. Set forth in the table below is a schedule of all investments representing greater than 1% of our aggregate investment portfolio at December 31, 2009 and 2008, excluding investments in U.S. Government securities:

	December 31,							
	200	9	200	08				
		Total		% of Total				
	Carrying	Carrying	Carrying	Carrying				
	Amount	Value	Amount	Value				
		(Dollars ii						
Issuer Fixed Maturities:								
UnitedHealth Group(1)	\$ 93,531	8.2%	\$ 87,466	8.5%				
Exelon	14,828	1.3%						
Issuer Short-term investments:								
Fidelity Institutional Cash Money Market Fund	\$ 205,117	18.0%	\$					
Fidelity Institutional Tax-Exempt Fund	87,663	7.7%						
Fidelity Institutional Money Market Fund(2)	42,207	3.7%	123,793	12.0%				

SEI Government Fund(2) 24,143 2.3% Merrill Lynch Government Fund(2) 27,594 2.7%

- (1) Represents security received from the purchaser as consideration upon sale of our former Student Insurance Division on December 1, 2006. To reduce our credit risk, we have taken out \$75.0 million of credit default insurance on this security, reducing our default exposure to \$19.8 million.
- (2) Funds are diversified institutional money market funds that invest solely in United States dollar denominated money market securities issued by governments and their agencies.

During 2009, the Company recognized \$4.5 million of other than temporary impairment losses on fixed maturity securities and other invested assets. For the year ended December 31, 2009, the Company had gross

60

Table of Contents

unrealized losses in our investments of \$8.3 million. While we believe that these impairments are temporary and that we have the intent and ability to hold such securities until maturity or recovery, given the current market conditions and the significant judgments involved, there is a continuing risk that further declines in fair value may occur and additional material other than temporary impairments may be recorded in future periods.

Inflation Risk

Inflation historically has had a significant impact on the health insurance business. In recent years, inflation in the costs of medical care covered by such insurance has exceeded the general rate of inflation. Under basic hospital medical insurance coverage, established ceilings for covered expenses limit the impact of inflation on the amount of claims paid. Under catastrophic hospital expense plans and preferred provider contracts, covered expenses are generally limited only by a maximum lifetime benefit and a maximum lifetime benefit per accident or sickness. Therefore, inflation may have a significantly greater impact on the amount of claims paid under catastrophic hospital expense and preferred provider plans as compared to claims under basic hospital medical coverage. As a result, trends in healthcare costs must be monitored and rates adjusted accordingly. Under the health insurance policies issued in the self-employed market, the primary insurer generally has the right to increase rates upon 30-60 days written notice and subject to regulatory approval in some cases.

The annuity and universal life-type policies issued directly and assumed by HealthMarkets are significantly impacted by inflation. Interest rates affect the amount of interest that existing policyholders expect to have credited to their policies. However, we believe that our annuity and universal life-type policies are generally competitive with those offered by other insurance companies of similar size, and the investment portfolio is managed to minimize the effects of inflation.

Operational Risks

Operational risk is inherent in our business and may, for example, manifest itself in the form of errors, breaches in the system of internal controls, business interruptions, fraud or legal actions due to operating deficiencies or noncompliance with regulatory requirements. We maintain a framework, including policies and a system of internal controls designed to monitor and manage operational risk, and provide management with timely and accurate information.

Privacy Initiatives

The business of insurance is primarily regulated by the states and is affected by a range of legislative developments at both the state and federal levels. Recently-adopted legislation and regulations governing the use and security of individuals nonpublic personal data by financial institutions, including insurance companies, may have a significant impact on the financial condition and results of operations. See Item 1. Business Regulatory and Legislative Matters.

Recently Issued Accounting Pronouncements

See Recently Issued Accounting Pronouncements in Note 2 of Notes to Consolidated Financial Statements for information regarding new accounting pronouncements.

Item 7A. Quantitative and Qualitative Disclosures about Market Risk

Quantitative and qualitative disclosures about market risk are included under the caption Management s Discussion and Analysis of Financial Condition and Results of Operations Risk Management.

Item 8. Financial Statements and Supplementary Data

The audited consolidated financial statements of the Company and other information required by this Item 8 are included in this Form 10-K beginning on page F-1.

61

Table of Contents

Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure

None.

Item 9A. Controls and Procedures

Disclosure Controls and Procedures

The Company maintains a set of disclosure controls and procedures designed to ensure that information required to be disclosed in reports that it files or submits under the Securities Exchange Act of 1934, as amended (the Exchange Act), is recorded, processed, summarized and reported within the time periods specified in Securities and Exchange Commission rules and forms. In addition, the disclosure controls and procedures ensure that information required to be disclosed is accumulated and communicated to management, including the principal executive officer and principal financial officer, allowing timely decisions regarding required disclosure. Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an evaluation of our disclosure controls and procedures, as such term is defined under Rule 13a-15(e) promulgated under the Exchange Act. Based on this evaluation, our principal executive officer and our principal financial officer concluded that our disclosure controls and procedures were effective as of the end of the period covered by this annual report.

Management s Report on Internal Control Over Financial Reporting

Our management is responsible for establishing and maintaining adequate internal control over financial reporting, as such term is defined in Exchange Act Rules 13a-15(f). The Company s internal control system was designed to provide reasonable assurance to the Company s management and its Board of Directors regarding the preparation and fair presentation of published financial statements. However, internal control systems, no matter how well designed, cannot provide absolute assurance. Therefore, even those systems determined to be effective can provide only reasonable assurance with respect to financial statement preparation and presentation.

The Company s management assessed the effectiveness of the Company s internal control over financial reporting as of December 31, 2009. Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an evaluation of the effectiveness of our internal control over financial reporting based on the framework contained in *Internal Control Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (the COSO Report).

Based on our evaluation under the framework in the COSO Report our management concluded that our internal control over financial reporting was effective as of December 31, 2009.

This annual report does not include an attestation report of the Company s registered public accounting firm regarding internal control over financial reporting. Management s report was not subject to attestation by the Company s registered public accounting firm pursuant to temporary rules of the Securities and Exchange Commission that permit the Company to provide only management s report in this annual report.

During the Company s fourth fiscal quarter, there has been no change in the Company s internal control over financial reporting that has materially affected, or is reasonably likely to materially affect, the Company s internal controls over financial reporting.

Item 9B. Other Information

The Company held a Special Meeting of Stockholders on December 1, 2009. As of October 30, 2009, the record date for the meeting, 31,026,166 shares of common stock were issued and 29,342,895 shares of common stock were outstanding, consisting of 26,772,435 shares of Class A-1 common stock and 2,570,460 shares of Class A-2 common stock.

The only matter submitted to the stockholders was the approval of the Second Amended and Restated HealthMarkets, Inc. 2006 Management Option Plan (the 2006 Plan) in order to: (i) increase the number of shares of the Company s Class A-1 common stock issuable under the 2006 Plan, the number of shares issuable to any

62

Table of Contents

individual participant in any year and the number of shares that may be granted as incentive stock options, in each case by 1,350,000, from 3,239,741 to 4,589,741, and (ii) permit the grant of restricted shares of Class A-1 Common Stock and restricted stock units denominated in shares of Class A-1 common stock.

The results of the voting for the proposal to amend the 2006 Plan were as follows:

For	Against	Abstain
26,759,314	0	0

PART III

Item 10. Directors, Executive Officers and Corporate Governance

See the Company s Information Statement to be filed in connection with the 2010 Annual Meeting of Stockholders, which is incorporated herein by reference.

For information on executive officers of the Company, reference is made to the item entitled Executive Officers of the Company in Part I of this report.

We have adopted a Code of Business Conduct and Ethics that applies to our employees, officers and directors, including our Chief Executive Officer, Chief Financial Officer, Chief Accounting Officer and Controller. The Code is available free of charge on our website at www.healthmarketsinc.com and in print to any stockholder who sends a request for a paper copy to: Corporate Secretary, HealthMarkets, Inc., 9151 Boulevard 26, North Richland Hills, Texas 76180. We intend to include on our website any amendment to, or waiver from, a provision of the Code of Business Conduct and Ethics that applies to our Chief Executive Officer, Chief Financial Officer, Chief Accounting Officer and Controller that relates to any element of the code of ethics definition enumerated in Item 406(b) of Regulation S-K.

Item 11. Executive Compensation

See the Company s Information Statement to be filed in connection with the 2010 Annual Meeting of Stockholders, which is incorporated herein by reference.

Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters

See the Company s Information Statement to be filed in connection with the 2010 Annual Meeting of Stockholders, which is incorporated herein by reference.

Item 13. Certain Relationships and Related Transaction, and Director Independence

See the Company s Information Statement to be filed in connection with the 2010 Annual Meeting of Stockholders, which is incorporated herein by reference. See Note 17 of Notes to Consolidated Financial Statements.

Item 14. Principal Accountant Fees and Services

See the Company s Information Statement to be filed in connection with the 2010 Annual Meeting of Stockholders, of which the subsection captioned Independent Registered Public Accounting Firm is incorporated herein by reference.

PART IV

Item 15. Exhibits and Financial Statement Schedules

(a) Financial Statements

The following consolidated financial statements of HealthMarkets and subsidiaries are included in Item 8:

	Page
Report of Independent Registered Public Accounting Firm	F-2
Consolidated Balance Sheets December 31, 2009 and 2008	F-3
Consolidated Statements of Income (Loss) Years ended December 31, 2009, 2008 and 2007	F-4
Consolidated Statements of Stockholders Equity and Comprehensive Income (Loss) Years ended	
<u>December 31, 2009, 2008 and 2007</u>	F-5
Consolidated Statements of Cash Flows Years ended December 31, 2009, 2008 and 2007	F-6
Notes to Consolidated Financial Statements	F-7
Financial Statement Schedules	

Schedule IICondensed Financial Information of Registrant December 31, 2009, 2008
and 2007: HealthMarkets (Holding Company)F-85Schedule IIISupplementary Insurance InformationF-88Schedule IVReinsuranceF-90Schedule VValuation and Qualifying AccountsF-91

All other schedules for which provision is made in the applicable accounting regulations of the Securities and Exchange Commission are not required under the related instructions or are not applicable and therefore have been omitted.

Exhibits:

The response to this portion of Item 15 is submitted as a separate section of this 10-K entitled Exhibit Index.

64

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

HealthMarkets, Inc.

By: /s/ Phillip J. Hildebrand*

Phillip J. Hildebrand President and Chief Executive Officer

Date: March 17, 2010

Table of Contents

Pursuant to the requirements of Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title	Date
/s/ PHILLIP J. HILDEBRAND*	President, Chief Executive Officer and Director	March 17, 2010
Phillip J. Hildebrand		
/s/ STEVEN P. ERWIN*	Executive Vice President and Chief Financial Officer	March 17, 2010
Steven P. Erwin		
/s/ CONNIE PALACIOS*	Vice President, Controller and Principal Accounting Officer	March 17, 2010
Connie Palacios	6	
/s/ CHINH E. CHU*	Chairman of the Board	March 17, 2010
Chinh E. Chu		
/s/ JASON GIORDANO*	Director	March 17, 2010
Jason Giordano		
/s/ ADRIAN M. JONES*	Director	March 17, 2010
Adrian M. Jones		
/s/ MURAL R. JOSEPHSON*	Director	March 17, 2010
Mural R. Josephson		

118

/s/ DAVID MCVEIGH*	Director	March 17, 2010
David McVeigh		
/s/ SUMIT RAJPAL*	Director	March 17, 2010
Sumit Rajpal		
/s/ STEVEN J. SHULMAN*	Director	March 17, 2010
Steven J. Shulman		
/s/ RYAN M. SPROTT*	Director	March 17, 2010
Ryan M. Sprott		
*By: /s/ STEVEN P. ERWIN	Attorney-in-fact	March 17, 2010
Steven P. Erwin (Attorney-in-fact)		
	65	

ANNUAL REPORT ON FORM 10-K

ITEM 8, ITEM 15(A)(1) and (2), (C), and (D)

FINANCIAL STATEMENTS and SUPPLEMENTAL DATA

FINANCIAL STATEMENT SCHEDULES

CERTAIN EXHIBITS

FOR THE YEAR ENDED DECEMBER 31, 2009

HEALTHMARKETS, INC.

and

SUBSIDIARIES

NORTH RICHLAND HILLS, TEXAS

F-1

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors HealthMarkets, Inc.:

We have audited the accompanying consolidated balance sheets of HealthMarkets, Inc. and subsidiaries (the Company) as of December 31, 2009 and 2008, and the related consolidated statements of income (loss), consolidated statements of stockholders—equity and comprehensive income (loss), and consolidated statements of cash flows for each of the years in the three-year period ended December 31, 2009. In connection with our audits of the consolidated financial statements, we have also audited the financial statement schedules as listed in the Index at Item 15(a). These consolidated financial statements and financial statement schedules are the responsibility of the Company s management. Our responsibility is to express an opinion on these consolidated financial statements and financial statement schedules based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of HealthMarkets, Inc. and subsidiaries as of December 31, 2009 and 2008, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2009, in conformity with U.S. generally accepted accounting principles. Also, in our opinion, the related financial statement schedules, when considered in relation to the basic consolidated financial statements taken as a whole, present fairly, in all material respects, the information set forth therein.

As described in note 2 to the consolidated financial statements, in 2009 the Company changed its method of evaluating other-than-temporary impairments of debt securities due to the adoption of new accounting requirements issued by the Financial Accounting Standards Board, as of April 1, 2009.

KPMG LLP

Dallas, Texas March 17, 2010

F-2

HEALTHMARKETS, INC. and Subsidiaries

CONSOLIDATED BALANCE SHEETS

December 31,

			inci 31,		
		2009 20			
	(In thousands, except per share data)				
			,		
ASSETS					
Investments:					
Securities available for sale					
Fixed maturities, at fair value (cost: 2009 \$742,630; 2008 \$855,137)	\$	756,180	\$ 805,0)26	
Equity securities, at fair value (cost: 2009 \$234; 2008 \$178)	Ψ	234		210	
Trading securities, at fair value		9,893	11,9		
Short-term and other investments		371,534	210,4		
Short-term and other investments		371,334	210,-	+33	
Total investments		1,137,841	1,027,6	506	
Cash and cash equivalents		17,406	100,3		
Student loan receivables		69,911	78,8		
Restricted cash		8,647		381	
Investment income due and accrued		10,464	13,3		
Reinsurance recoverable ceded policy liabilities		361,305	384,8		
Agent and other receivables		26,390	37,9		
Deferred acquisition costs		64,339	72,1		
Property and equipment, net		48,690	63,1		
Goodwill and other intangible assets		85,973	87,5		
Recoverable federal income taxes		•			
		17,879	10,1		
Other assets		22,653	32,9	910	
	\$	1,871,498	\$ 1,916,7	713	
LIABILITIES AND STOCKHOLDERS E	QUITY				
Policy liabilities:	_				
Future policy and contract benefits	\$	462,217	\$ 486,1	174	
Claims		339,755	415,7		
Unearned premiums		46,309	61,4		
Other policy liabilities		8,247		533	
Accounts payable and accrued expenses		65,692	58,5		
Other liabilities		74,929	94,3		
Deferred federal income taxes		51,978	23,4		
Debt		481,070	481,0		
Student loan credit facility		77,350	86,0		
Net liabilities of discontinued operations		1,752		210	
The manifes of discontinued operations		1,752	2,2	_10	

	1,609,299	1,718,788
Commitments and Contingencies (Note 18)		
Stockholders Equity:		
Preferred stock, par value \$0.01 per share authorized 10,000,000 shares, none		
issued		
Common Stock, Class A-1, par value \$0.01 per share authorized 90,000,000 shares,		
27,608,371 issued and 27,608,371 outstanding at December 31, 2009; 27,000,062		
issued and 26,887,281 outstanding at December 31, 2008. Class A-2, par value		
\$0.01 per share authorized 20,000,000 shares, 4,026,104 issued and 2,565,874		
outstanding at December 31, 2009; 4,026,104 issued and 2,741,240 outstanding at		
December 31, 2008	316	310
Additional paid-in capital	42,342	54,004
Accumulated other comprehensive income (loss)	3,739	(41,970)
Retained earnings	246,427	227,686
Treasury stock, at cost (-0- Class A-1 common shares and 1,460,230 Class A-2		
common shares at December 31, 2009; 112,781 Class A-1 common shares and		
1,284,864 Class A-2 common shares at December 31, 2008)	(30,625)	(42,105)
	262,199	197,925
S	1,871,498	\$ 1,916,713

See accompanying notes to consolidated financial statements.

F-3

HEALTHMARKETS, INC. and Subsidiaries

CONSOLIDATED STATEMENTS OF INCOME (LOSS)

		2009		Ended Dece 2008 except per sl		2007
REVENUE						
Health premiums	\$	977,568	\$	1,262,412	\$	1,311,733
Life premiums and other considerations	Ψ	2,381	Ψ	38,024	Ψ	70,460
		979,949		1,300,436		1,382,193
Investment income		43,166		67,728		103,226
Other income		62,401		80,659		106,615
Total other-than-temporary impairment losses		(4,785)		(25,957)		
Portion of loss recognized in other comprehensive income (before						
taxes)		281				
Net impairment losses recognized in earnings		(4,504)		(25,957)		
Realized gains, net		2,385		2,099		3,475
		1,083,397		1,424,965		1,595,509
BENEFITS AND EXPENSES						
Benefits, claims, and settlement expenses		584,878		856,995		801,783
Underwriting, acquisition and insurance expenses		338,028		494,077		536,168
Other expenses, (includes amounts paid to related parties of \$15,079, \$16,030 and \$14,232 in 2009, 2008 and 2007,						
respectively)		98,821		114,094		88,704
Interest expense		32,432		45,179		49,801
		1,054,159		1,510,345		1,476,456
Income (loss) from continuing operations before income taxes		29,238		(85,380)		119,053
Federal income tax expense (benefit)		11,676		(31,709)		49,683
Income (loss) from continuing operations Income from discontinued operations, (net of income tax expense		17,562		(53,671)		69,370
of \$88, \$116 and \$425 in 2009, 2008 and 2007, respectively)		162		216		789
Net income (loss)	\$	17,724	\$	(53,455)	\$	70,159
Basic earnings per share:						
Income (loss) from continuing operations	\$	0.59	\$	(1.78)	\$	2.28
Income from discontinued operations		.01		0.01		0.03

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Net income (loss) per share, basic	\$ 0.60	\$ (1.77)	\$ 2.31
Diluted earnings per share: Income (loss) from continuing operations Income from discontinued operations	\$ 0.58 .01	\$ (1.78) 0.01	\$ 2.21 0.03
Net income (loss) per share, diluted	\$ 0.59	\$ (1.77)	\$ 2.24

See accompanying notes to consolidated financial statements.

F-4

HEALTHMARKETS, INC. and Subsidiaries

CONSOLIDATED STATEMENTS OF STOCKHOLDERS EQUITY AND COMPREHENSIVE INCOME (LOSS)

Accumulated Other **Additional Comprehensive** Common Paid-In **Income** Retained **Treasury** Stock **Capital** (Loss) **Earnings** Stock **Total** (In thousands) \$ 300 Balance at December 31, 2006 \$ 12,529 \$ (12,552) \$ 527,978(3,870) \$ 524,385 Comprehensive income: Net income 70,159 70,159 Change in unrealized gains and losses on securities 6,063 6.063 Change in unrealized losses on cash flow hedging relationship (6,995)(6,995)Deferred income tax benefit 352 352 Other comprehensive income (loss) (580)70,159 69,579 Comprehensive income 69,579 Issuance of common stock 6 18,636 23,596 42,238 Vesting of Agent Plan credits 3 17,285 3.996 21,284 Exercise stock options 1 1,163 1,164 Stock-based compensation 5,828 5,828 Stock-based compensation tax benefit 313 313 Dividends paid (316,996)(316,996)Purchase of treasury stock (41,535)(41,535)\$ 310 \$ 55.754 \$ Balance at December 31, 2007 281,141 \$ (17,813) \$ (13,132) \$ 306,260 Comprehensive income (loss): Net loss (53,455)(53,455)Change in unrealized gains and losses on securities (39,305)(39,305)Change in unrealized losses on cash flow hedging relationship (5.022)(5.022)Deferred income tax benefit 15,489 15,489 Other comprehensive loss (28,838)(53,455)(82,293)

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Issuance of common stock Vesting of Agent Plan credits Exercise stock options Stock-based compensation		(2,534) (328) (2,837) 4,527			15,086 15,504 3,172	12,552 15,176 335 4,527
Stock-based compensation tax expense		(578)				(578)
Purchase of treasury stock		(370)			(58,054)	(58,054)
Balance at December 31, 2008	\$ 310	\$ 54,004	\$ (41,970)	\$ 227,686	\$ (42,105)	\$ 197,925
Comprehensive income (loss):						
Net income				17,724		17,724
Change in unrealized gains and losses on securities Change in unrealized gains on cash			64,488			64,488
flow hedging relationship			7,399			7,399
Deferred income tax expense			(25,161)			(25,161)
Other comprehensive income			46,726	17,724		64,450
Adjustment to beginning balance,						
net of $tax(1)$			(1,017)	1,017		
Issuance of common stock	6	(6,674)			14,673	8,005
Vesting of Agent Plan credits		(5,796)			12,737	6,941
Exercise stock options		(5,222)			5,222	
Stock-based compensation		7,703				7,703
Stock-based compensation tax						
expense		(1,673)				(1,673)
Purchase of treasury stock					(21,152)	(21,152)
Balance at December 31, 2009	\$ 316	\$ 42,342	\$ 3,739	\$ 246,427	\$ (30,625)	\$ 262,199

See accompanying notes to consolidated financial statements.

F-5

⁽¹⁾ The adjustments represent the implementation effects upon adoption of SFAS FSP No. 115-2, which was codified into FASB ASC Topic 320, *Investments Debt and Equity Securities*. See Note 4 of Notes to Consolidated Financial Statements for additional information.

HEALTHMARKETS, INC. and Subsidiaries

CONSOLIDATED STATEMENTS OF CASH FLOWS

	For the Year Ended December 31,					
	2009 2008 2007					
			housands)			
Operating Activities						
Net income (loss) \$	17,724	\$	(53,455)	\$	70,159	
Adjustments to reconcile net income (loss) to cash provided by						
operating activities:						
Income from discontinued operations	(162)		(216)		(789)	
Realized gains, net	1,623		23,858		(3,475)	
Change in deferred income taxes	3,323		(45,749)		11,745	
Depreciation and amortization	30,906		29,711		33,938	
Amortization of prepaid monitoring fees	12,500		12,500		12,500	
Equity based compensation expense (benefit)	8,561		(2,231)		5,346	
Other items, net	11,418		15,117		(2,359)	
Changes in assets and liabilities:						
Investment income due and accrued	169		2,621		(2,401)	
Reinsurance recoverable ceded policy liabilities	23,496		(315,980)		87,694	
Other receivables	8,173		27,630		(27,311)	
Deferred acquisition costs	7,812		125,828		(222)	
Prepaid monitoring fees	(12,500)		(12,500)		(12,500)	
Current income tax recoverable	(7,702)		(6,425)		18,967	
Policy liabilities	(111,724)		(9,007)		(124,891)	
Other liabilities, accounts payable and accrued expenses	(7,873)		(11,051)		12,777	
Cash provided by (used in) continuing operations	(14,256)		(219,349)		79,178	
Cash used in discontinued operations	(296)		(211)		(370)	
Net cash provided by (used in) operating activities	(14,552)		(219,560)		78,808	
Investing Activities						
Securities available-for-sale						
Purchases	(70,407)		(27,262)		(166,694)	
Sales	92,043		325,838		156,027	
Maturities, calls and redemptions	92,089		140,803		84,363	
Student loan receivables	8,791		10,335		12,482	
Short-term and other investments, net	(161,305)		(75,980)		260,980	
Purchases of property and equipment	(10,076)		(17,180)		(33,204)	
Proceeds from subsidiaries sold, net of cash disposed of \$437	(440)					
Net proceeds from sale of businesses and assets			4,666			
Change in restricted cash	(766)		175		7,742	

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Decrease in agent receivables Intangible asset acquired	433	2,436	4,756 (4,044)
Other		615	581
Net cash provided by (used in) investing activities	(49,638)	364,446	322,989
Financing Activities			
Repayment of student loan credit facility	(8,700)	(11,350)	(21,550)
Repayment of notes payable			(75,000)
Change in cash overdraft.	9,571		
Increase in investment products	(4,794)	(1,761)	(8,878)
Proceeds from stock option exercises		335	1,164
Proceeds from issuance of common stock, net of expenses			448
Excess tax benefits from equity-based compensation	(1,673)	(578)	313
Proceeds from sale of shares to agents	8,005	12,552	41,790
Purchase of treasury stock	(21,152)	(58,054)	(41,535)
Dividends paid to shareholders			(316,996)
Net cash used in financing activities	(18,743)	(58,856)	(420,244)
Net change in cash and cash equivalents	(82,933)	86,030	(18,447)
Cash and cash equivalents at beginning of period	100,339	14,309	32,756
Cash and cash equivalents at end of period in continuing operations	\$ 17,406	\$ 100,339	\$ 14,309
Supplemental disclosures of cash flow information:			
Interest paid (exclusive of the student loan credit facility)	\$ 31,445	\$ 34,930	\$ 40,316
Interest paid under the student loan credit facility	\$ 985	\$ 3,618	\$ 5,941
Federal income taxes paid	\$ 21,009	\$ 19,563	\$ 19,085

See accompanying notes to consolidated financial statements.

F-6

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. ORGANIZATION AND BASIS OF PRESENTATION

ORGANIZATION

The consolidated financial statements include the accounts of HealthMarkets, Inc. and its subsidiaries, which are collectively referred to as the *Company* or *HealthMarkets*. HealthMarkets, Inc. is a holding company, the principal asset of which is its investment in its wholly owned subsidiary, HealthMarkets, LLC. HealthMarkets, LLC s principal assets are its investments in its separate operating subsidiaries, including its regulated insurance subsidiaries (see Note 22 of Notes to Consolidated Financial Statements for condensed financial information of HealthMarkets, LLC) and Insphere Insurance Solutions, Inc (Insphere).

HealthMarkets conducts its insurance businesses through its indirect wholly owned insurance company subsidiaries, The MEGA Life and Health Insurance Company (MEGA), Mid-West National Life Insurance Company of Tennessee (Mid-West) and The Chesapeake Life Insurance Company (Chesapeake). MEGA is an insurance company domiciled in Oklahoma and is licensed to issue health, life and annuity insurance policies in the District of Columbia and all states except New York. Mid-West is an insurance company domiciled in Texas and is licensed to issue health, life and annuity insurance policies in Puerto Rico, the District of Columbia and all states except Maine, New Hampshire, New York, and Vermont. Chesapeake is an insurance company domiciled in Oklahoma and is licensed to issue health and life insurance policies in the District of Columbia and all states except New York and Vermont.

A group of private equity investors, including affiliates of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners (the Private Equity Investors) in the aggregate own approximately 88.2% of the Company s outstanding shares. See Note 13 of Notes to Consolidated Financial Statements.

Business Segments

The Company operates four business segments, the Insurance segment, Insphere, Corporate and Disposed Operations. The Insurance segment includes the Company's Self-Employed Agency (SEA) Division. The Insphere segment includes net commission revenue and costs associated with the creation and development of Insphere. Disposed Operations includes the following former divisions: Medicare Division, Other Insurance Division, Life Insurance Division, Star HRG Division and Student Insurance Division (see Note 21 of Notes to Consolidated Financial Statements for financial information regarding our segments).

Nature of Operations

Through the Company s SEA Division, HealthMarkets insurance company subsidiaries issue primarily health insurance policies covering individuals, families, the self-employed and small businesses. HealthMarkets plans are designed to accommodate individual needs and include basic hospital-medical expense plans, plans with preferred provider organizations (PPO) features, catastrophic hospital expense plans, as well as other supplemental types of coverage. Historically, the Company marketed these products to the self-employed and individual markets through independent agents contracted with its insurance company subsidiaries.

During 2009, the Company formed Insphere, a Delaware corporation and a wholly owned subsidiary of HealthMarkets, LLC. Insphere is a distribution company that specializes in meeting the life, health, long-term care and retirement insurance needs of small business and middle-income individuals and families through its portfolio of products from nationally recognized insurance carriers. Insphere is an authorized agency in all 50 states and the District of Columbia. As of February 2010, Insphere had approximately 2,500 independent agents, of which approximately 1,800 on average write health insurance applications each month, and offices in over 40 states. Insphere distributes products underwritten by the Company s insurance company subsidiaries, as well as non-affiliated insurance companies. Insphere has completed marketing agreements with a number of life, health, long-term care and retirement insurance carriers, including, but not limited to, Aetna and UnitedHealthcare s Golden

F-7

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Rule Insurance Company for individual health insurance products, John Hancock for long-term care products, ING for term life, universal life and fixed annuity products and Minnesota Life Insurance Company for life and fixed annuity products. Insphere also has a marketing arrangement with an intermediary under which Insphere s agents obtain access to certain disability income insurance products.

The Company s Other Insurance Division consisted of ZON-Re USA, LLC (ZON-Re), an 82.5%-owned subsidiary, which underwrote, administered and issued accidental death, accidental death and dismemberment, accident medical, and accident disability insurance products, both on a primary and on a reinsurance basis. The Company distributed these products through professional reinsurance intermediaries and a network of independent commercial insurance agents, brokers and third party administrators. On June 5, 2009, HealthMarkets, LLC, entered into an acquisition agreement for the sale of its 82.5% membership interest in ZON-Re to Venue Re, LLC (Venue Re). The transactions contemplated by the acquisition agreement closed effective June 30, 2009.

In 2007, HealthMarkets initiated efforts to expand into the Medicare market. In the fourth quarter of 2007, the Company began offering a new portfolio of Medicare Advantage Private-Fee-for-Service Plans (PFFS) called HealthMarkets Care Assured Planssm (HMCA Plans) in selected markets in 29 states with calendar year coverage effective for January 1, 2008. Policies were issued by the Company s Chesapeake subsidiary, under a contract with the Centers for Medicare and Medicaid Services (CMS). In July 2008, the Company determined it would not continue to participate in the Medicare business after the 2008 plan year.

Prior to HealthMarkets exit from the Life Insurance Division business, the Company distributed its life insurance products to the middle income individuals in the self-employed market, the Hispanic market and the senior market through marketing relationships with two independent marketing companies and independent agents contracted with its insurance company subsidiaries. The Company ceded substantially all of the insurance policies associated with the Company s Life Insurance Division effective July 1, 2008 (see Note 6 Notes to Consolidated Financial Statements).

See Note 20 of Notes to Consolidated Financial Statements for additional information regarding the Company s acquisitions and dispositions.

Concentrations

Through the SEA Division, the Company s insurance subsidiaries provide health insurance products in 41 states and the District of Columbia. As is the case with many of HealthMarkets competitors in this market, a substantial portion of the Company s insurance subsidiaries products are issued to members of various independent membership associations that act as the master policyholder for such products. In 2009, the three principal membership associations in the self-employed market through which the Company s health insurance products were made available were the Alliance for Affordable Services (AAS), Americans for Financial Security (AFS) and the National Association for the Self-Employed (NASE). These associations provide their members with access to a number of benefits and products, including health insurance underwritten by the Company. Subject to applicable state law, individuals generally may not obtain insurance under an association s master policy unless they are also members of the association. The agreements with these associations, requiring the associations to continue as the master policyholder for our policies and to make our products available to their respective members, are terminable by us and the associations upon not less than one year s advance notice to the other party. A termination of the agreement with

any of these associations would be fundamentally disruptive to HealthMarkets marketing efforts, as the Company would be unable to offer products through the respective association s master policy and, in certain states, could be required to seek approval of new policy forms and premium rates before resuming marketing efforts. While the Company believes that its insurance subsidiaries are providing association group coverage in full compliance with applicable law, changes in the relationship with the membership associations and/or changes in the laws and regulations governing association group insurance (particularly changes that would subject the issuance of policies to prior premium rate approval and/or require the issuance of policies on a guaranteed issue basis) could

F-8

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

have a material adverse impact on the Company's financial condition and results of operations. During the year ended December 31, 2009, the Company issued approximately 47%, 23%, and 15% of its new policies through AAS, AFS and NASE, respectively. In December 2009, the Company and NASE settled a legal action filed by Performance Driven Awards, Inc (PDA), a wholly-owned subsidiary of HealthMarkets, LLC, against NASE. Pursuant to the terms of the settlement agreement, the NASE-PDA Field Services Agreement was terminated, as a result of which the Company's field service representatives are no longer selling new NASE memberships and the Company's independent insurance agents are no longer selling new certificates of insurance to NASE members. NASE memberships and certificates of insurance previously sold to NASE members remain in force (subject to ordinary course termination), and NASE is obligated to continue paying PDA for members previously enrolled in NASE by PDA. See Note 18 of Notes to Consolidated Financial Statements.

Additionally, during the year ended December 31, 2009, the Company generated approximately 56% of its health premium revenue from the following 10 states:

	Percentage
California	13%
Texas	8%
Florida	7%
Massachusetts	6%
Illinois	5%
Washington	4%
North Carolina	4%
Maine	3%
Pennsylvania	3%
Wisconsin	3%
	56%

On August 26, 2009, MEGA, Mid-West and Chesapeake entered into a regulatory settlement agreement with the Massachusetts Division of Insurance to resolve all outstanding matters stemming from a 2006 regulatory settlement agreement and to resolve all issues identified in subsequent reviews and/or re-examinations conducted through February 2009. On August 31, 2009, HealthMarkets, Inc., MEGA and Mid-West settled a litigation filed by the Massachusetts Attorney General on behalf of the entered into a consent with the Commonwealth of Massachusetts settling a litigation, filed by the Massachusetts Attorney General, entitled *Commonwealth of Massachusetts v. The MEGA Life and Health Insurance Company*. As a result of these settlements, the Company s insurance company subsidiaries are prohibited from offering any new health benefit plans in Massachusetts on or after October 1, 2009. As a result of certain regulatory developments in Washington State, the Company has determined that it cannot continue to operate profitably in Washington State and, as a result, the Company and the Washington State Insurance Commissioner have reached a preliminary agreement in principle that the Company will non-renew its health benefit plan policies and withdraw from the health benefit plan market place in the next several months. See Note 18 of Notes

to Consolidated Financial Statements for additional information.

F-9

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

BASIS OF PRESENTATION

The consolidated financial statements have been prepared on the basis of accounting principles generally accepted in the United States of America (GAAP). The more significant variances between GAAP and statutory accounting practices prescribed or permitted by regulatory authorities for insurance companies are:

fixed maturities classified as available for sale are carried at fair value under GAAP, rather than generally at amortized cost:

the deferral of new business acquisition costs under GAAP, rather than expensing them as incurred;

the determination of the liability for future policyholder benefits based on realistic assumptions under GAAP, rather than on statutory rates for mortality and interest;

the recording of reinsurance receivables as assets under GAAP rather than as reductions of liabilities; and

the exclusion of non-admitted assets for statutory purposes.

See Note 13 of Notes to Consolidated Financial Statements for net income and statutory surplus from insurance company subsidiaries as determined using statutory accounting practices. All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

Preparation of the financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. These estimates are based on management s knowledge of current events and actions that the Company may take in the future. As such, actual results may differ from these estimates. The Company believes its critical accounting policies affect its more significant judgments and estimates used in the preparation of its consolidated financial statements. These critical accounting policies are as follows:

the valuations of certain assets and liabilities require fair value estimates;

allowance for doubtful accounts;

the amount of policy liabilities expected to be paid in future periods;

the realization of deferred acquisition costs;

the carrying amount of goodwill and other intangible assets;

the amortization period of intangible assets;

stock-based compensation plan forfeitures;

the realization of deferred taxes;

reserves for contingencies, including reserves for losses in connection with unresolved legal and regulatory matters; and

other matters that affect the reported amounts and disclosure of contingencies in the financial statements.

Estimates, by their nature, are based on judgment and available information. Therefore, actual results could differ from those estimates and could have a material impact on the consolidated financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies below relate to amounts reported in the consolidated financial statements.

F-10

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Fair Value Measurement

The Company accounts for certain financial assets and liabilities under the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures (ASC 820). See Note 3 of Notes to Consolidated Financial Statements.

Investments

The Company s fixed income investments include investments in U.S. treasury securities, U.S. government agencies bonds, corporate bonds, mortgage-backed and asset-backed securities, collateralized debt obligations and municipal auction rate securities and bonds, which are classified as either available for sale or trading on the Company s consolidated balance sheet and reported at fair value. Equity securities consist of common stock, which are carried at fair value and one security accounted for under the equity method, which does not require fair value disclosure under the provisions of ASC 820. Short-term investments primarily consist of highly liquid money market funds and are generally carried at cost, which approximates fair value. Other investments primarily consist of investments in equity investees which are accounted for under the equity method of accounting. In addition, short-term and other investments contain one alternative investment recorded at fair value.

Premiums and discounts on mortgage-backed securities are amortized over a period based on estimated future principal payments, including prepayments. Prepayment assumptions are reviewed periodically and adjusted to reflect actual prepayments and changes in expectations. The most significant determinants of prepayments are the differences between interest rates of the underlying mortgages and current mortgage loan rates and the structure of the security. Other factors affecting prepayments include the size, type and age of underlying mortgages, the geographic location of the mortgaged properties and the creditworthiness of the borrowers. Variations from anticipated prepayments will affect the life and yield of these securities.

Realized gains and losses on sales of investments are recognized in net income (loss) on the specific identification basis. Unrealized investment gains and losses on available for sale securities, net of applicable deferred income tax, are reported in Accumulated other comprehensive income (loss) on the Company s consolidated balance sheets as a separate component of stockholders equity and accordingly, have no effect on net income (loss). Gains and losses on trading securities are reported in Realized gains, net on the consolidated statements of income (loss).

Purchases and sales of short-term financial instruments are part of investing activities, and not necessarily a part of the cash management program. Short-term financial instruments are classified as Investments on the consolidated balance sheets and are included in investing activities in the consolidated statements of cash flows.

Investments are reviewed at least quarterly, using both quantitative and qualitative factors, to determine if they have experienced an impairment of value that is considered other-than-temporary. In its review, management considers the following indicators of impairment: fair value significantly below cost; decline in fair value attributable to specific adverse conditions affecting a particular investment; decline in fair value attributable to specific conditions, such as conditions in an industry or in a geographic area; decline in fair value for an extended period of time; downgrades by rating agencies from investment grade to non-investment grade; financial condition deterioration of the issuer and situations where dividends have been reduced or eliminated or scheduled interest payments have not been made.

Additionally, the Company assesses whether the amortized cost basis will be recovered by comparing the present value of cash flows expected to be collected with the amortized cost basis of the investment. When the determination is made that an other-than-temporary impairment (OTTI) exists but the Company does not intend to sell the security and it is not more likely than not that the entity will be required to sell the security before the recovery of its remaining amortized cost basis, the Company will determine the amount of impairment related to a credit loss and the amount related to other factors. OTTI losses attributed to a credit loss are recorded in Net impairment losses recognized in earnings on the consolidated statements of income (loss). OTTI

F-11

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

losses attributed to other factors are reported in Accumulated other comprehensive income (loss) on the consolidated balance sheets as a separate component of stockholders equity and accordingly, have no effect on net income (loss).

See Note 4 of Notes to Consolidated Financial Statements.

Cash and Cash Equivalents

The Company classifies unrestricted cash on deposit in banks and amounts invested temporarily in various instruments with maturities of three months or less at the time of purchase as cash and cash equivalents on its consolidated balance sheets.

Student Loan Receivables

Student loans receivables consist of student loans issued through the Company's Student Loan business and are carried at their unpaid principal balances, less any applicable allowance for losses, which approximated fair value at December 31, 2009 and 2008. See Note 5 of Notes to Consolidated Financial Statements.

Restricted Cash

The Company s restricted cash consists primarily of cash and cash equivalents held by a bankruptcy-remote special purpose entity to be used exclusively for the repayment of existing student loan borrowings. See Note 9 of Notes to Consolidated Financial Statements.

Reinsurance

In the ordinary course of business, the Company s insurance company subsidiaries reinsure certain risks with other insurance companies. HealthMarkets remains primarily liable to the policyholders on ceded policies, with the other insurance company assuming the risk. Reinsurance receivables and prepaid reinsurance premiums are reported in Agent and other receivables on the consolidated balance sheets. In accordance with guidance provided in FASB ASC Topic 944-340, *Other Assets and Deferred Costs*, the Company reports the policy liabilities ceded to other insurance companies under Policy liabilities and records a corresponding asset as Reinsurance recoverable ceded policy liabilities on its consolidated balance sheets. Insurance liabilities are reported before the effects of ceded reinsurance. The cost of reinsurance is accounted for over the terms of the underlying reinsured policies using assumptions consistent with those used to account for the policies. See Note 6 of Notes to Consolidated Financial Statements.

Agent and other receivables

Agent and other receivables primarily consists of amounts due from agents for advanced commissions paid, reinsurance receivables from other insurance companies (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding reinsurance receivables) and membership fees and dues from membership associations that make available the Company shealth insurance products to their members. Receivables are stated

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

net of an estimated allowance for doubtful accounts. Agent and other receivables consisted of the following at December 31, 2009 and 2008:

		December 31,			
		2009	2008		
	(In thousands)				
Agent receivables	\$	14,657	\$ 17,982		
Reinsurance receivable		2,472	7,122		
Due from associations		2,839	4,163		
Other receivables		8,716	11,349		
Allowance for losses		(2,294)	(2,662)		
	\$	26,390	\$ 37,954		

Allowance for Doubtful Accounts

The Company maintains an allowance for potential losses that could result from defaults or write-downs on various assets, which are estimated based on historical collections, as well as managements judgment regarding the likelihood to collect such amounts, The allowance for losses consists of the following:

	December 31,			
	2009	2008		
	(In thousands			
Student loan receivables	\$ 12,032	\$ 11,695		
Agent receivables Other receivables	2,294	2,660 2		
	\$ 14,326	\$ 14,357		

See Note 5 of Notes to Consolidated Financial Statements for additional information regarding student loans receivables.

Deferred Acquisition Costs (DAC)

The Company incurs various costs in connection with the origination and initial issuance of its health insurance policies, including underwriting and policy issuance costs, costs associated with lead generation activities and distribution costs (*i.e.*, sales commissions paid to agents). The Company defers those costs that vary with production.

The Company generally defers commissions paid to agents and premium taxes with respect to the portion of health premium collected but not yet earned and amortizes deferred expenses over the period as premium is earned.

The calculation of DAC requires the use of estimates based on actuarial valuation techniques. The Company reviews its actuarial assumptions and deferrable acquisition costs each year and, when necessary, revises such assumptions to more closely reflect recent experience. For policies in force, the Company evaluates DAC to determine whether such costs are recoverable from future revenues. Any resulting adjustment is charged against net earnings.

F-13

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Set forth below is an analysis of cost of policies acquired and deferred acquisition costs of policies issued:

	2009	2	ember 31, 2008 housands	2007
Costs of policies acquired: Beginning of year Additions	\$	\$	960	\$ 1,878
Amortization Disposal (Life Insurance Division)			(105) (855)	(918)
End of year Deferred costs of policies issued (reflects change in accounting policy discussed below)	64,339		72,151	960 197,019
Total	\$ 64,339	\$	72,151	\$ 197,979

Set forth below is an analysis of deferred costs of policies issued and the related deferral and amortization in each of the years then ended:

	For the Year Ended December 31,					
		2009	(In	2008 thousands)		2007
Deferred costs of policies issued:						
Beginning of year	\$	72,151	\$	197,019	\$	195,879
Additions		80,556		101,819		138,596
Disposals (sale of Life Insurance Division)				(100,290)		
Amortization		(88,368)		(126,397)		(137,456)
End of year	\$	64,339	\$	72,151	\$	197,019

Health Policy Acquisition Costs 2009 Change in Estimates

Prior to January 1, 2009, the basis for the amortization period on deferred lead costs and the portion of DAC associated with excess commissions paid to agents was the estimated weighted average life of the insurance policy, which approximated 24 months. The monthly amortization factor was calculated to correspond with the historical persistency of policies (i.e. the monthly amortization is variable and is higher in the early months). Beginning

January 1, 2009, on newly issued policies, the Company refined its estimated life of the policy to approximate the premium paying period of the policy based on the expected persistency over this period. As such, these costs are now amortized over five years, and the monthly amortization factor is calculated to correspond with the expected persistency experience for the newly issued policies. However, the amounts amortized will continue to be substantially higher in the early months of the policy as both are based on the persistency of the Company s insurance policies. Policies issued before January 1, 2009 will continue to be amortized using the existing assumptions in place at the time of the issuance of the policy.

Additionally, prior to January 1, 2009, certain other underwriting and policy issuance costs, which the Company determined to be more fixed than variable, were expensed as incurred. Effective January 1, 2009, HealthMarkets determined that, due to changes in both the Company s products and underwriting procedures performed, certain of these costs have become more variable than fixed in nature. As such, the Company began deferring such costs over the expected premium paying period of the policy, which approximates five years.

F-14

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

These changes resulted in a decrease in Underwriting, acquisition and insurance expenses on the consolidated statements of income (loss) of \$12.8 million for the year ended December 31, 2009.

Property and Equipment

Property and equipment is stated at cost, less accumulated depreciation and amortization, and depreciated on a straight-line basis over their estimated useful lives (generally 3 to 7 years for furniture, software and equipment and 30 to 39 years for buildings). Depreciation expense related to property and equipment was \$24.6 million, \$23.6 million and \$27.7 million for the years ended December 31, 2009, 2008 and 2007, respectively. Depreciation expense for 2007 includes an asset impairment charge of \$8.0 million associated with two technology assets that the Company determined were no longer of value to its businesses.

At December 31, 2009 and 2008 property and equipment consisted of the following:

	December 31,				
	2009	2008			
	(In tho	usan	ds)		
Land and improvements	\$ 2,400	\$	2,400		
Buildings and leasehold improvements	33,552		35,794		
Software	103,623		97,092		
Furniture and equipment	43,270		48,818		
	182,845		184,104		
Less accumulated depreciation	134,155		120,906		
Property and equipment, net	\$ 48,690	\$	63,198		

Goodwill and Other Intangibles

The Company accounts for goodwill and other intangibles in accordance with FASB ASC Topic 350, *Intangibles Goodwill and Other* (ASC 350), which requires that goodwill and other intangible assets with indefinite useful lives be tested for impairment at least annually, or more frequently if circumstances indicate an impairment may have occurred. The Company has selected November 1 as the date to perform its annual impairment test. An impairment loss would be recorded in the period such determination was made. Intangible assets with estimable useful lives are amortized over their respective estimated useful lives to their estimated residual values, and reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be recoverable. The Company s remaining amortizable intangible asset has an estimable remaining life through 2029. See Note 7 of Notes to Consolidated Financial Statements.

Capitalized Debt Issuance Costs

Debt issuance costs primarily represent legal fees associated with the issuance of the term loan credit facility and the trust preferred securities, which were capitalized and recorded in Other assets on the consolidated balance sheets. These costs are amortized as interest expense over the life of the underlying debt using the effective interest method, which is recorded in Interest expense on the consolidated statements of income (loss). See Note 9 of Notes to Consolidated Financial Statements.

Future Policy and Contract Benefits

With respect to accident and health insurance, future policy benefits are primarily attributable to a return-of-premium (ROP) rider that the Company has issued with certain SEA health policies. The Company records an ROP liability to fund its longer-term obligations associated with the ROP rider. The future policy benefits

F-15

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

for the ROP are computed using the net level premium method. A claim offset for actual benefits paid through the reporting date is applied to the ROP liability for all policies on a contract-by-contract basis.

Additional contract reserves are calculated for accident and health insurance coverage for which the present value of future benefits exceed the present value of future valuation net premiums. Valuation net premiums refers to a series of net premiums wherein each premium is set as a constant proportion of expected gross premium over the life of the covered individual. This occurs when the premium rates are developed such that they will not increase at the same rate benefits increase over the period insurance coverage is in force. For HealthMarkets business, these include issue-age rated disability income policies and products introduced in 2008 and later. These liabilities are typically calculated as the present value of future benefits, less the present value of future net premiums, computed using the net level premium method.

Traditional life insurance future policy benefit liabilities are computed using the net level premium. Future contract benefits related to annuity contracts are generally based on policy account values.

See Note 8 of Notes to Consolidated Financial Statements.

Claims Liabilities

Claims liabilities represent the estimated liabilities for claims reported and claims incurred but not yet reported. The Company uses the developmental method to estimate its health claim liabilities, which involves the use of completion factors for most incurral months, supplemented with additional estimation techniques, such as loss ratio estimates, in the most recent incurral months. This method applies completion factors to claim payments in order to estimate the ultimate amount of the claim. These completion factors are derived from historical experience and are dependent on the incurred dates of the claim payments. See Note 8 of Notes to Consolidated Financial Statements.

Unearned Premiums

Premiums on health insurance contracts are recognized as earned over the period of coverage on a pro rata basis. The Company records the portion of premiums unearned as a liability on its consolidated balance sheets.

Derivatives

The Company holds derivative instruments, specifically interest rate swaps, which are accounted for in accordance with ASC 815 *Derivatives and Hedging*. Such interest rate swaps are recorded at fair value, and are included in Other liabilities on the Company s consolidated balance sheets. The Company values its derivative instruments using a third party.

At the inception of a derivative contract, the Company formally documents qualifying hedged transactions and hedging instruments. On a quarterly basis, the Company assesses whether the hedged instruments are effective in offsetting changes in cash flows of the hedged transactions. The Company uses regression analysis to assess the hedge effectiveness in achieving the offsetting cash flows attributable to the risk being hedged. In addition, the Company utilizes the hypothetical derivative methodology for the measurement of ineffectiveness. The effective portion of

changes in the fair value is recorded in Change in unrealized gains on cash flow hedging relationship on the consolidated statements of stockholders equity and comprehensive income (loss), and is recognized in the consolidated statements of income (loss) when the hedged item affects results of operations. Derivative gains and losses not effective in hedging the expected cash flows are recognized immediately in earnings and are included in Investment income on the Company s consolidated statements of income (loss).

If it is determined that an interest rate swap is not highly effective in offsetting changes in the cash flows of a hedged item, the derivative expires or is sold, terminated or exercised, or the derivative is undesignated as a hedge

F-16

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

instrument because it is unlikely that a forecasted transaction will occur, the Company discontinues hedge accounting, prospectively. When hedge accounting is discontinued, the Company continues to carry the derivative instrument at fair value on the consolidated balance sheet, with changes in the fair value recognized in the consolidated results of operations. When hedge accounting is discontinued because the derivative instrument has not been or will not continue to be highly effective, the amount remaining in Accumulated other comprehensive income (loss) on the consolidated balance sheet is amortized into earnings over the remaining life of the derivative. When hedge accounting is discontinued because it is probable that a forecasted transaction will not occur, the accumulated gains and losses in Accumulated other comprehensive income (loss) on the consolidated balance sheet are recognized immediately in the consolidated results of operations.

See Note 10 of Notes to Consolidated Financial Statements.

Recognition of Premium Revenues and Costs

Health Premiums

Health insurance policies issued by the Company are considered long-duration contracts. The contract provisions generally cannot be changed or canceled during the contract period; however, the Company may adjust premiums for health policies issued in the United States within prescribed guidelines and with the approval of state insurance regulatory authorities. Insurance premiums for health policies are recognized as earned over the premium payment periods of the policies. Benefits and expenses are matched with premiums so as to result in recognition of income over the term of the contract. This matching is accomplished by means of the provision for future policyholder benefits and expenses and the deferral and amortization of acquisition costs.

Life Premiums

Premiums on traditional life insurance are recognized as revenue when due. Benefits and expenses are matched with premiums so as to result in recognition of income over the term of the contract. This matching is accomplished by means of the provision for future policyholder benefits and expenses and the deferral and amortization of acquisition costs.

Premiums and annuity considerations collected on universal life-type and annuity contracts are recorded using deposit accounting, and are credited directly to an appropriate policy reserve account, without recognizing premium income. Revenues from universal life-type and annuity contracts are amounts assessed to the policyholder for the cost of insurance (mortality charges), policy administration charges and surrender charges and are recognized as revenue when assessed based on one-year service periods. Amounts assessed for services to be provided in future periods are reported as unearned revenue and are recognized as revenue over the benefit period. Contract benefits that are charged to expense include benefit claims incurred in the period in excess of related contract balances and interest credited to contract balances.

Other Income

Other income primarily consists of income derived by the SEA Division from ancillary services and membership marketing and administrative services provided to the membership associations that make available to their members the Company s health insurance products. Income is recognized as services are provided.

Recognition of Commission Revenues

Insphere and its agents distribute insurance products underwritten by the Company s insurance subsidiaries, as well as third-party insurance products underwritten by non-affiliated insurance companies. The Company earns commissions for third-party insurance products sold by Insphere agents, which is recorded in Other income on the Company s consolidated statement of income (loss) and included in the Insphere segment.

F-17

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Underwriting, Acquisition and Insurance Expenses

Underwriting, acquisition and insurance expenses consist of direct expenses incurred across all insurance lines in connection with the issuance, maintenance and administration of in-force insurance policies. Set forth below is additional information concerning underwriting, acquisition and insurance expenses for the years ended December 31, 2009, 2008 and 2007:

	For the Year Ended December 31,						
	2009	2008	2007				
		(In thousands)					
Amortization of deferred policy acquisition costs	\$ 88,368	\$ 126,502	\$ 138,374				
Administrative expenses	215,650	331,746	343,701				
Premium taxes	25,542	29,942	35,998				
Commissions	6,028	11,006	16,855				
Intangible asset amortization	1,582	1,639	1,722				
Variable stock compensation expense (benefit)	858	(6,758)	(482)				
	\$ 338,028	\$ 494,077	\$ 536,168				

Guaranty Funds and Similar Assessments

The Company is assessed amounts by state guaranty funds to cover losses of policyholders of insolvent or rehabilitated insurance companies, by state insurance oversight agencies and by other similar legislative entities to cover the operating expenses of such agencies and entities. The Company is also assessed for other health related expenses of high-risk and health reinsurance pools maintained in the various states. These mandatory assessments may be partially recovered through a reduction in future premium taxes in certain states. At December 31, 2009 and 2008, the Company had accrued and reported in Other liabilities on its consolidated balance sheets, \$3.7 million and \$3.3 million, respectively, to cover the cost of these assessments. The Company expects to pay these assessments over a period of up to five years, and the Company expects to realize the allowable portion of the premium tax offsets and/or policy surcharges over a period of up to ten years. The Company incurred guaranty fund and other health related assessments of \$5.0 million, \$2.1 million and \$6.9 million in 2009, 2008 and 2007, respectively, recorded in Underwriting, acquisition and insurance expenses on its consolidated statements of income (loss).

Advertising Expense

During 2009, 2008 and 2007, the Company incurred advertising costs of \$1.1 million, \$2.3 million and \$2.3 million, respectively. These amounts were expensed as incurred, and are included in Underwriting, acquisition and insurance expenses on the Company s consolidated statements of income (loss).

Variable Stock-Based Compensation Expense (Benefit)

The Company sponsors a series of stock accumulation plans, which generally include a Company-match feature. The liability for matching credits is recorded in Other liabilities on the Company's consolidated balance sheets. The Company accounts for the Company-match feature of the Agent Plans by recognizing compensation expense over the vesting period in an amount equal to the fair market value of vested shares (as described in Note 14 of Notes to Consolidated Financial Statements) at the date of their vesting and distribution to the participants. Additionally, changes in the liability from one period to the next are accounted for as either an increase in, or a decrease to, compensation expense. Such expenses are included in Underwriting, acquisition and insurance expenses on the Company's consolidated statements of income (loss).

F-18

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Company-match transactions associated with these plans are not reflected in the consolidated statements of cash flows since issuances of equity securities to settle the Company s liabilities under these plans are non-cash transactions.

Employee Stock Plans

The Company accounts for its employee stock compensation in accordance with FASB ASC Topic 718, *Compensation Stock Compensation* (ASC 718). Stock options are expensed at their grant date fair value. The Company has elected to recognize compensation costs for an award with graded vesting on a straight-line basis over the requisite service period for the entire award. As required under the guidance, the cumulative amount of compensation cost that the Company has recognized at any point in time is not less than the portion of the grant-date fair value of the award that is vested at that date. See Note 15 of Notes to Consolidated Financial Statements.

Other Expenses

Other expenses primarily consists of direct expenses incurred by the Company in connection with generating other income at the SEA Division.

Federal Income Taxes

Deferred income taxes are recorded to reflect the tax consequences of differences between the tax bases of assets and liabilities and their financial reporting amounts. In the event that the Company were to determine that it would not be able to realize all or part of its net deferred tax asset in the future, a valuation allowance would be recorded to reduce its deferred tax assets to the amount that it believes is more likely than not to be realized. Interest and penalties associated with uncertain income tax positions are classified as income taxes in the Company s consolidated financial statements. See Note 12 of Notes to Consolidated Financial Statements.

Discontinued Operations

The Company reports the results of its former Academic Management Services (AMS) subsidiary and its former Special Risk Division operations reports as discontinued operations.

The Company s reported results from discontinued operations for the years ended December 31, 2009, 2008 and 2007 reflected the recognition of part of the deferred gain recorded on the 2004 sale of AMS remaining uninsured student loans.

Net Income (Loss) Per Share

Basic earnings (loss) per share is calculated on the basis of the weighted-average number of unrestricted common shares outstanding. Diluted earnings (loss) per share is computed on the basis of the weighted-average number of unrestricted common shares outstanding plus the dilutive effect of outstanding employee stock options and other shares using the treasury stock method. See Note 16 of Notes to Consolidated Financial Statements.

Reclassification

Certain amounts in the 2008 and 2007 financial statements have been reclassified to conform to the 2009 financial statement presentation.

F-19

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Student Loans

In connection with the Company s exit from the Life Insurance Division business, HealthMarkets, LLC entered into a definitive Stock Purchase Agreement (as amended, the Stock Purchase Agreement) pursuant to which Wilton Reassurance Company or its affiliates agreed to purchase the Company s student loan funding vehicles, CFLD-I, Inc. and UICI Funding Corp. 2 (UFC2), and the related student association. In the Company s Annual Report on Form 10-K for the year ended December 31, 2008, the assets and liabilities of CFLD-I and UFC2 were presented as Held for sale on the consolidated balance sheets and the results of operations of CFLD-I and UFC2 were included in Income (loss) from discontinued operations on the consolidated statements of income (loss). As the Stock Purchase Agreement was terminated in 2009 and the closing of this transaction did not occur, the Company reclassified the assets and liabilities and the results of operations of CFLD-I and UFC2 into continuing operations for all periods presented. Such reclassification resulted in an increased loss in Income (loss) from continuing operations of \$5.3 million for the year ended December 31, 2008 and increased income in Income (loss) from continuing operations of \$931,000 for the year ended December 31, 2007.

Recent Accounting Pronouncements

In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2009-17, *Consolidations: Improvements to Financial Reporting by Enterprises Involved with Variable Interest Entities* (ASU 2009-17), which provides amendments to FASB ASC Topic 810, *Consolidation*. ASU 2009-17 modifies financial reporting for variable interest entities (VIEs). Under this guidance, companies are required to perform a periodic analysis to determine whether their variable interest must be consolidated by the Company. Additionally, Companies must disclose significant judgments and assumptions made when determining whether it must consolidate a VIE. Any changes in consolidated entities resulting from a Company s analysis must be applied retrospectively to prior period financial statements. This guidance is effective for annual and interim periods beginning after November 15, 2009. The Company has not yet determined the impact that the adoption of this guidance will have on its financial position and results of operations.

In January 2010, the FASB issued ASU No. 2009-16, *Accounting for Transfers of Financial Assets and Servicing Assets and Liabilities* (ASU 2009-16), which provides amendments to ASC 860. ASU 2009-16 incorporates the amendments to SFAS No. 140 made by SFAS No. 166, *Accounting for Transfers of Financial Assets an amendment of SFAS No. 140*, into the FASB ASC. ASU 2009-16 provides greater transparency about transfers of financial assets and limits the circumstances in which a financial asset, or portion of a financial asset, should be derecognized when the entire financial asset has not been transferred to a non-consolidated entity, and requires that all servicing assets and servicing liabilities be initially measured at fair value. Additionally, ASU 2009-16 eliminates the concept of a QSPE and removes the exception from applying FASB Interpretation No. 46 (revised December 2003), *Consolidation of Variable Interest Entities*, to QSPEs. This guidance is effective for annual and interim periods beginning after November 15, 2009. The Company has not yet determined the impact that the adoption of this guidance will have on its financial position and results of operations.

In September 2009, the FASB issued ASC Update 2009-12, Fair Value Measurements and Disclosures - Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent), which provides amendments to Subtopic 820-10, Fair Value Measurements and Disclosures Overall, for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent). This Update is effective for annual and

interim periods beginning after December 15, 2009. The Company has not yet determined the impact that the adoption of this guidance will have on its financial position and results of operations.

In August 2009, the FASB issued ASU No. 2009-05, Fair Value Measurements and Disclosures (Topic 820 Measuring Liabilities at Fair Value), which provides amendments to Subtopic 820-10, Fair Value Measurements and Disclosures Overall, for the fair value measurement of liabilities. This Update provides clarification for measuring fair value in circumstances where a quoted price in an active market for the identical liability is not

F-20

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

available. The Company adopted this guidance in the third quarter of 2009. Such adoption did not have a material impact on the Company s financial position and results of operations.

In June 2009, the FASB issued SFAS No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* a replacement of FASB Statement No. 162, which was codified into FASB ASC Topic 105, *Generally Accepted Accounting Standards*. This standard recognizes the ASC as the source of authoritative U.S. GAAP recognized by the FASB. Additionally, rules and interpretive releases of the SEC under authority of federal securities laws will also continue to be sources of authoritative GAAP for SEC registrants. The Company adopted such guidance in September 2009. Beginning in the third quarter of 2009, this guidance impacted the Company s financial statement disclosures as all references to authoritative accounting literature reflect the newly adopted codification.

In April 2009, the FASB issued FASB Staff Position (FSP) SFAS No. 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, which was codified into ASC 820. This standard provides guidance for estimating fair value when the market activity for the asset or liability has significantly decreased and guidance for identifying transactions that are not orderly. Furthermore, this guidance requires disclosure in interim and annual periods for the inputs and valuation techniques used to measure fair value. Additionally, it requires an entity to disclose a change in valuation technique, and to quantify such effects. The Company adopted this guidance in the second quarter of 2009. Such adoption did not have a material impact on the Company s financial position and results of operations.

In February 2008, the FASB issued FSP SFAS No. 157-2, *Effective Date of FASB Statement No. 157*, which was codified into ASC 820. This guidance delays the effective date of SFAS No. 157, *Fair Value Measurements*, for all nonfinancial assets and nonfinancial liabilities, except those that are recognized or disclosed at fair value in the financial statements on a recurring basis (at least annually). These nonfinancial items would include, for example, reporting units measured at fair value in a goodwill impairment test and nonfinancial assets acquired and liabilities assumed in a business combination. The Company adopted this guidance in the first quarter of 2009. Such adoption of these remaining provisions did not have a material impact on the Company s financial position and results of operations.

In April 2009, the FASB issued FSP SFAS No. 107-1 and APB 28-1, *Disclosures about Fair Value of Financial Instruments*, which was codified into FASB ASC Topic 825, *Financial Instruments*. This guidance requires companies to provide disclosures about fair value of financial instruments in both interim and annual financial statements. Additionally, under this guidance, companies are required to disclose the methods and significant assumptions used to estimate the fair value of financial instruments in both interim and annual financial statements. The Company adopted this guidance in the second quarter of 2009. Such adoption did not have a material impact on the Company s financial position and results of operations.

In April 2009, FASB issued FSP SFAS No. 115-2, *Recognition and Presentation of Other-Than-Temporary Impairments* (FSP SFAS No. 115-2), which was codified into FASB ASC Topic 320, *Investments Debt and Equity Securities* (ASC 320). This guidance improves the presentation and disclosure of other-than-temporary impairments on debt and equity securities in the financial statements. Under this guidance, when the fair value is less than the amortized cost basis at the measurement date, a company would be required to assess the impaired security to

determine whether the impairment is other-than-temporary. Such assessment may result in the recognition of an other-than-temporary impairment related to a credit loss in the statement of income and the recognition of an other-than-temporary impairment related to a non-credit loss in accumulated other comprehensive income on the balance sheet. To avoid recognizing the entire other-than-temporary impairment in the statement of income, a company would be required to assert (a) it does not have the intent to sell the security and (b) it is more likely than not that it will not have to sell the security before recovery of its cost basis. Additionally, at adoption, a company is permitted to make a one-time cumulative-effect adjustment for securities held at adoption for which an

F-21

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

other-than-temporary impairment related to a non-credit loss had been previously recognized. The Company adopted this guidance in the second quarter of 2009. Upon adoption, the Company recognized such tax-effected cumulative effect as an increase to the opening balance of retained earnings for \$1.0 million with a corresponding decrease to accumulated other comprehensive income, with no overall change to shareholders equity. See Note 4 of Notes to Consolidated Financial Statements.

On January 1, 2009, the FASB issued SFAS No. 161, *Disclosures about Derivative Instruments and Hedging Activities an amendment of FASB Statement No. 133*, which was codified into FASB ASC Topic 815, *Derivative Instruments* (ASC 815). This standard requires companies with derivative instruments to disclose information that enables financial statement users to understand how and why a company uses derivative instruments, how derivative instruments and related hedged items are accounted for and how derivative instruments and related hedged items affect a company s financial position, financial performance, and cash flows. The Company adopted this guidance in the first quarter of 2009. See Note 10 of Notes to Consolidated Financial Statements for information on the Company s derivative instrument, including these additional required disclosures.

In December 2007, the FASB issued SFAS No. 160, *Non-controlling Interests in Consolidated Financial Statements an amendment of ARB No. 51*, which was codified into ASC 810. The objective of this guidance is to improve the relevance, comparability, and transparency of financial information related to minority interest in consolidated financial statements. The Company adopted this guidance in the first quarter of 2009. Such adoption did not have a material impact on the Company s financial position and results of operations.

3. FAIR VALUE MEASUREMENTS

In accordance with ASC 820, the Company categorizes its investments and certain other assets and liabilities recorded at fair value into a three-level fair value hierarchy as follows:

- Level 1 Unadjusted quoted market prices for identical assets or liabilities in active markets which are accessible by the Company.
- Level 2 Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Directly observable market inputs for substantially the full term of the asset or liability, such as interest rates and yield curves at commonly quoted intervals, volatilities, prepayment speeds, default rates, and credit spreads. Market inputs that are not directly observable but are derived from or corroborated by observable market data.
- Level 3 Unobservable inputs based on the Company s own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Company evaluates the various types of securities in its investment portfolio to determine the appropriate level in the fair value hierarchy based upon trading activity and the observability of market inputs. The Company employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third party sources. The Company s procedures

generally include, but are not limited to, initial and ongoing evaluation of methodologies used by independent third parties and monthly analytical reviews of the prices against current pricing trends and statistics.

Where possible, the Company utilizes quoted market prices to measure fair value. For investments that have quoted market prices in active markets, the Company uses the quoted market price as fair value and includes these prices in the amounts disclosed in Level 1 of the hierarchy. When quoted market prices in active markets are unavailable, the Company determines fair values using various valuation techniques and models based on a range of observable market inputs including pricing models, quoted market price of publicly traded securities with similar

F-22

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

duration and yield, time value, yield curve, prepayment speeds, default rates and discounted cash flow. In most cases, these estimates are determined based on independent third party valuation information, and the amounts are disclosed in Level 2 of the fair value hierarchy. Generally, the Company obtains a single price or quote per instrument from independent third parties to assist in establishing the fair value of these investments.

If quoted market prices and independent third party valuation information are unavailable, the Company produces an estimate of fair value based on internally developed valuation techniques, which, depending on the level of observable market inputs, will render the fair value estimate as Level 2 or Level 3. On occasions when pricing service data is unavailable, the Company may rely on bid/ask spreads from dealers in determining the fair value. When dealer quotations are used to assist in establishing the fair value, the Company generally obtains one quote per instrument. The quotes obtained from dealers or brokers are generally non-binding. When dealer quotations are used, the Company uses the mid-mark as fair value. When broker or dealer quotations are used for valuation or price verification, greater priority is given to executable quotes. As part of the price verification process, valuations based on quotes are corroborated by comparison both to other quotes and to recent trading activity in the same or similar instruments.

To the extent the Company determines that a price or quote is inconsistent with actual trading activity observed in that investment or similar investments, or if the Company does not think the quote is reflective of the market value for the investment, the Company will internally develop a fair value using this observable market information and disclose the occurrence of this circumstance.

In accordance with ASC 820, the Company has categorized its available for sale securities into a three level fair value hierarchy based on the priority of inputs to the valuation techniques. The fair values of investments disclosed in Level 1 of the fair value hierarchy include money market funds and certain U.S. government securities, while the investments disclosed in Level 2 include the majority of the Company s fixed income investments. In cases where there is limited activity or less transparency around inputs to the valuation, the Company classifies the fair value estimates within Level 3 of the fair value hierarchy.

As of December 31, 2009, all of the Company s investments classified within Level 2 and Level 3 of the fair value hierarchy are valued based on quotes or prices obtained from independent third parties, except for \$108.1 million of Corporate debt and other classified as Level 2, \$2.2 million of Collateralized debt obligations classified as Level 3 and \$1.3 million of Commercial-backed investments classified as Level 3. The \$108.1 million of Corporate debt and other investments classified as Level 2 noted above includes \$93.5 million of an investment grade corporate bond issued by UnitedHealth Group Inc. (UnitedHealth Group) that was received as consideration for the sale of the Company s former Student Insurance Division in December 2006 (see Note 20 of Notes to Consolidated Financial Statements).

F-23

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Fair Value Hierarchy on a Recurring Basis

Assets and liabilities measured at fair value on a recurring basis are categorized in the tables below based upon the lowest level of significant input to the valuations.

	Assets at Fair Value at December 31, 2009						009	
	Level 1]	Level 2	Level 3			Total
				(In tho	usands))		
U.S. and U.S. Government agencies	\$	8,943	\$	40,847	\$		\$	49,790
Corporate debt and other				344,509				344,509
Collateralized debt obligations					2	,905		2,905
Residential-backed issued by agencies				105,898				105,898
Commercial-backed issued by agencies				8,710				8,710
Residential-backed				3,882				3,882
Commercial-backed				44,715	1	,297		46,012
Asset-backed				15,337		465		15,802
Municipals				171,434	7	,238		178,672
Trading securities					9	,893		9,893
Put options(1)						657		657
Short-term and other investments(2)		344,011		6,164		937		351,112
	\$	352,954	\$	741,496	\$ 23	,392	\$	1,117,842

(2) Amount excludes \$20.7 million of short-term other investments and equity securities which are not subject to fair value measurement.

	Liabiliti Level	ities at Fair Value at December 31, 200								
	1	Level (1	_	Level 3 ousands)	Total					
Interest rate swaps Agent and employee plans	\$	\$ 8,76	6	\$ 16,651	\$ 8,766 16,651					
	\$	\$ 8,76	6	\$ 16,651	\$ 25,417					

⁽¹⁾ Included in Other assets on the consolidated balance sheet.

	Assets at Fair Value at December 31, 2008							
	Level 1	Level 2	Level 3	Total				
	(In thousands)							
U.S. and U.S. Government agencies	\$ 10,364	\$ 27,444	\$	\$ 37,8	08			
Corporate debt and other		390,723		390,7	23			
Collateralized debt obligations			2,585	2,5	85			
Residential-backed issued by agencies		103,577		103,5	77			
Commercial-backed issued by agencies		8,929		8,9	29			
Residential-backed		5,462		5,4	62			
Commercial-backed		67,038	1,494	68,5	32			
Asset-backed		18,681	252	18,9	33			
Municipals		161,938	6,539	168,4	77			
Corporate equities	32				32			
Trading securities			11,937	11,9	37			
Put options(1)			3,163	3,1	63			
Short-term and other investments(2)	190,395		476	190,8	71			
	\$ 200,791	\$ 783,792	\$ 26,446	\$ 1,011,0	29			

F-24

⁽¹⁾ Included in Other assets on the consolidated balance sheet.

⁽²⁾ Amount excludes \$19.4 million of short-term other investments which are not subject to fair value measurement.

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

	Liabilit Level	ies at Fair Val	er 31, 2008	
	1	Level 2 (In th	Level 3 ousands)	Total
Interest rate swaps Agent and employee plans	\$	\$ 13,538	\$ 18,158	\$ 13,538 18,158
	\$	\$ 13,538	\$ 18,158	\$ 31,696

The following is a description of the valuation methodologies used for certain assets and liabilities of the Company measured at fair value on a recurring basis, including the general classification of such assets pursuant to the valuation hierarchy.

Fixed Income Investments

Available for sale investments

The Company s fixed income investments include investments in U.S. treasury securities, U.S. government agencies bonds, corporate bonds, mortgage-backed and asset-backed securities, and municipal auction rate securities and bonds.

The Company estimates the fair value of its U.S. treasury securities using unadjusted quoted market prices, and accordingly, discloses these investments in Level 1 of the fair value hierarchy. The fair values of the majority of non-U.S. treasury securities held by the Company are determined based on observable market inputs provided by independent third party valuation information. The market inputs utilized in the pricing evaluation include but are not limited to, benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers, reference data, and industry and economic events. The Company classifies the fair value estimates based on these observable market inputs within Level 2 of the fair value hierarchy. Investments classified within Level 2 consist of U.S. government agencies bonds, corporate bonds, mortgage-backed and asset-backed securities, and municipal bonds.

The Company also holds a small number of fixed income investments, including certain mortgage-backed and asset-backed securities, and collateralized debt obligations, for which it estimates the fair value using internal pricing matrices with some unobservable inputs that are significant to the valuation. The Company estimates the fair value of its entire portfolio of municipal auction rate securities based on non-binding quotes received from independent third parties due to limited activity and market data for auction rate securities, resulting from liquidity issues in the global credit and capital markets. Consequently, the lack of transparency in the inputs and the availability of independent third party pricing information for these investments resulted in their fair values being classified within the Level 3 of the hierarchy. As of December 31, 2009, the fair values of certain municipal auction rate securities, collateralized debt

obligations and mortgage-backed and asset-backed securities which represent approximately 1.6% of the Company s total fixed income investments are reflected within the Level 3 of the fair value hierarchy.

Beginning in 2008, the Company determined that the non-binding quoted price received from an independent third party broker for a particular collateralized debt obligation investment did not reflect a value based on an active market. During discussions with the independent third party broker, the Company learned that the price quote was established by applying a discount to the most recent price that the broker had offered the investment. However, there were no responding bids to purchase the investment at that price. As this price was not set based on an active market, the Company developed a fair value for this particular collateralized debt obligation. The Company continued to fair value this collateralized debt obligation as such during 2009.

The Company established a fair value for such collateralized debt obligation based on information about the underlying pool of assets supplied by the investment sasset manager. The Company developed a discounted cash

F-25

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

flow valuation for the investment by applying assumptions for a variety of factors including among other things, default rates, recovery rates and a discount rate. The Company believes the assumptions for these factors were developed in a manner consistent with those that a market participant would use in valuation and were based on the information provided regarding the underlying pool of assets, various current market benchmarks, industry data for similar assets types, and particular market observations about similar assets.

Trading securities

The Company s fixed income trading securities consist of auction rate securities, for which the fair value is determined based on unobservable inputs. Accordingly, the fair value of this asset is reflected within Level 3 of the fair value hierarchy.

Short-term and other investments

The Company s short-term and other investments primarily consist of highly liquid money market funds, which are reflected within Level 1 and Level 2 of the fair value hierarchy. Additionally, the fair value of one of the Company s investment assets included in short-term and other investments is determined based on unobservable inputs. Accordingly, the fair value of this asset is reflected within Level 3 of the fair value hierarchy.

Put Options

The put options that the Company owns are directly related to agreements the Company entered into with UBS during 2008 to facilitate the repurchase of certain auction rate municipal securities. The options are carried at fair value, which is related to the fair value of the auction rate securities (see *Trading securities* above), and are recorded in Other assets on the consolidated balance sheets. The Company accounts for such put options in accordance with ASC 320, which provides a fair value option election that permits an entity to elect fair value as the initial and subsequent measurement attribute for certain financial assets and liabilities on an instrument by instrument basis.

Derivatives

The Company s derivative instruments are valued utilizing valuation models that primarily use market observable inputs and are traded in the markets where quoted market prices are not readily available, and accordingly, these instruments are reflected within Level 2 of the fair value hierarchy.

Agent and Employee Stock Plans

The Company accounts for its agent and certain employee stock plan liabilities based on the Company s share price at the end of each reporting period. The Company s share price at the end of each reporting period is based on the prevailing fair value as determined by the Company s Board of Directors (see Note 13 of Notes to Consolidated Financial Statements). The Company largely uses unobservable inputs in deriving the fair value of its share price and the value is, therefore, reflected in Level 3 of the hierarchy.

Changes in Level 3 Assets and Liabilities

The tables below summarize the change in balance sheet carrying values associated with Level 3 financial instruments and agent and employee stock plans for the year ended December 31, 2009.

F-26

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Changes in Level 3 Assets and Liabilities Measured at Fair Value For the Year Ended December 31, 2009

Purchases, Sales. Transfer Unrealized **Payments** Realized in/(out) **Beginning** Gains or Gains or of **Ending** and Issuances, Level 3, **Balance** (Losses) Net (Losses)(1) Net **Balance** (In thousands) **ASSETS** Collateralized debt obligations 2,585 1,950 33 \$ 2,905 (1,663)Commercial-backed 1,494 133 (330)1.297 Asset-backed 252 213 465 6,539 699 7,238 Municipals Trading securities 11.937 1.968 (4,550)538 9,893 Put options 3,163 (1,968)(538)657 Other invested assets 476 858 (397)937 \$ 26,446 3,853 \$ \$ (5,244)(1,663)\$ \$ 23,392 LIABILITIES Agent and employee stock \$ 18,158 6,383 \$ \$ \$ 16,651 plans (7,890)

(1) Realized gains (losses) for the period are included in Realized gains, net on the Company s consolidated statement of income (loss).

Changes in Level 3 Assets and Liabilities Measured at Fair Value For the Year Ended December 31, 2008

Purchases, Sales. Unrealized **Payments** Realized **Transfer** Gains or **Beginning** Gains or and in/(out) of Ending Issuances, Level 3, **Balance** (Losses) Net (Losses)(1)Net **Balance** (In thousands)

				ASS	SETS							
Collateralized debt												
obligations	\$		\$	1,830	\$	6	\$	(5,831)	\$	6,580	\$	2,585
Commercial-backed		2,118		(264)		(360)						1,494
Asset-backed		461		(209)								252
Municipals				(1,461)						8,000		6,539
Trading securities				(2,003)				(1,160)		15,100		11,937
Put options								3,163				3,163
Other invested assets		3,380		462				(3,366)				476
	\$	5,959	\$	(1,645)	\$	(354)	\$	(7,194)	\$	29,680	\$	26,446
				LIABI	LITI	ES						
Agent and employee stock	¢	27 272	\$	(0.711)	¢	(0.404)	¢		ф		¢	10 150
plans	\$	37,273	Э	(9,711)	\$	(9,404)	\$		\$		\$	18,158

Investments not reported at fair value

Other investments primarily consist of investments in equity investees, which are accounted for under the equity method of accounting on the Company s consolidated balance sheet at cost.

F-27

⁽¹⁾ Realized gains (losses) for the period are included in Realized gains, net on the Company s consolidated statement of income (loss).

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

4. INVESTMENTS

The Company s investments consist of the following at December 31, 2009 and 2008:

	Decem 2009 (In tho	2008
Securities available for sale		
Fixed maturities	\$ 756,180	\$ 805,026
Equity securities	234	210
Trading securities	9,893	11,937
Short-term and other investments	371,534	210,433
Total investments	\$ 1,137,841	\$ 1,027,606

At December 31, 2009 and 2008, available for sale fixed maturities were reported at fair value which was derived as follows:

	December 31, 2009									
		mortized Cost	Un	Gross realized Gains	Un 1	Gross realized Losses thousand	R	Non-Credit Loss Recognized in OCI	Fa	ir Value
U.S. and U.S. Government agencies	\$	48,600	\$	1,229	\$	(39)	\$		\$	49,790
Collateralized debt obligations		2,070		990		(155)				2,905
Residential-backed issued by										
agencies		102,497		3,580		(179)				105,898
Commercial-backed issued by										
agencies		8,337		373						8,710
Residential-backed		3,934		2		(54)				3,882
Commercial-backed		45,054		998		(40)				46,012
Asset-backed		16,176		306		(399)		(281)		15,802
Corporate bonds and municipals		509,862		14,626		(6,474)				518,014
Other		6,100				(933)				5,167
Total fixed maturities	\$	742,630	\$	22,104	\$	(8,273)	\$	(281)	\$	756,180

	December 31, 2008					, 2008				
	Amortized Cost					Unrealized Unrealized Gains Losses			Fa	nir Value
U.S. and U.S. Government agencies	\$	36,014	\$	1,794	\$		\$	37,808		
Collateralized debt obligations		3,700				(1,115)		2,585		
Residential-backed issued by agencies		101,119		2,517		(59)		103,577		
Commercial-backed issued by agencies		8,755		174				8,929		
Residential-backed		6,340				(878)		5,462		
Commercial-backed		76,959				(8,427)		68,532		
Asset-backed		25,011		70		(6,148)		18,933		
Corporate bonds and municipals		590,996		4,229		(41,985)		553,240		
Other		6,243				(283)		5,960		
Total fixed maturities	\$	855,137	\$	8,784	\$	(58,895)	\$	805,026		
	F-	28								

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

The amortized cost and fair value of available for sale fixed maturities at December 31, 2009, by contractual maturity, are set forth in the table below. Fixed maturities subject to early or unscheduled prepayments have been included based upon their contractual maturity dates. Actual maturities will differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	Decembe	er 31, 2009
	Amortized Cost	Fair Value ousands)
Maturity:		
One year or less	\$ 22,515	\$ 22,480
Over 1 year through 5 years	179,830	185,084
Over 5 years through 10 years	260,062	263,438
Over 10 years	104,225	104,874
	566,632	575,876
Mortgage-backed and asset-backed securities	175,998	180,304
Total fixed maturities	\$ 742,630	\$ 756,180

See Note 3 of Notes to Consolidated Financial Statements for additional disclosures on fair value measurements.

The Company minimizes its credit risk associated with its fixed maturities portfolio by investing primarily in investment grade securities. Included in fixed maturities is a concentration of mortgage-backed and asset-backed securities. At December 31, 2009, the Company had a carrying amount of \$183.2 million of mortgage-backed and asset-backed securities, of which \$114.6 million were government backed, \$57.0 million were rated AAA, \$6.1 million were rated AAA, \$465,000 were rated A, and \$5.1 million were rated BBB or less by external rating agencies. At December 31, 2008, the Company had a carrying amount of \$205.4 million of mortgage-backed and asset-backed securities, of which \$112.5 million were government backed, \$83.2 million were rated AAA, \$1.5 million were rated AA, \$6.8 million were rated A, and \$1.4 million were rated less than BBB by external rating agencies. Additionally, the Company s direct exposure to subprime investments and auction rate securities is 2.1% of investments.

The Company regularly monitors its investment portfolio to attempt to minimize its concentration of credit risk in any single issuer. Set forth in the table below is a schedule of all investments representing greater than 1% of the Company s aggregate investment portfolio at December 31, 2009 and 2008, excluding investments in U.S. Government securities:

December 31,

	200)9	2008		
		% of Total		% of Total	
	Carrying	Carrying	Carrying	Carrying	
	Amount	Value	Amount	Value	
		(Dollars in	thousands)		
Issuer Fixed Maturities:					
UnitedHealth Group(1)	\$ 93,531	8.2%	\$ 87,466	8.5%	
Exelon	14,828	1.3%			
Issuer Short-term investments:					
Fidelity Institutional Cash Money Market Fund	\$ 205,117	18.0%	\$		
Fidelity Institutional Tax-Exempt Fund	87,663	7.7%			
Fidelity Institutional Money Market Fund(2)	42,207	3.7%	123,793	12.0%	
SEI Government Fund(2)			24,143	2.3%	
Merrill Lynch Government Fund(2)			27,594	2.7%	
	F-29				

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

- (1) Represents security received from the purchaser as consideration upon sale of our former Student Insurance Division on December 1, 2006.
- (2) Funds are diversified institutional money market funds that invest solely in United States dollar denominated money market securities issued by governments and their agencies.

As of December 31, 2009, the largest concentration in any one investment grade corporate bond was \$93.5 million, which represented 8.2% of total invested assets. This security was received from UnitedHealth Group as payment on the sale of the Student Insurance Division (see Note 20 of Notes to Consolidated Financial Statements). This security is carried at fair value which is derived by a similar publicly traded UnitedHealth Group security. The Company maintains a \$75.0 million credit default insurance policy on this bond, reducing its default exposure to \$19.8 million, or 1.7% of total invested assets. The largest concentration in any one non-investment grade corporate bond was \$4.8 million, which represented less than 1% of total invested assets. The largest concentration to any one industry was less than 10%.

During 2009, the Company redeemed \$4.6 million of its auction rate securities with UBS at par. At December 31, 2009 and 2008, the Company held auction rate securities with a face value of \$10.6 million and \$15.1 million, respectively. The remaining auction rate securities will be redeemed by UBS on or before June 30, 2010.

Under the terms of various reinsurance agreements, the Company is required to maintain assets in escrow with a fair value equal to the statutory reserves assumed under the reinsurance agreements. Under these agreements, the Company had on deposit, securities with a fair value of approximately \$36.2 million and \$42.4 million as of December 31, 2009 and 2008, respectively. In addition, the Company s domestic insurance company subsidiaries had securities with a fair value of \$29.1 million and \$29.1 million on deposit with insurance departments in various states at December 31, 2009 and 2008, respectively.

In 2005, the Company established a securities lending program, under which the Company lends fixed-maturity securities to financial institutions in short-term lending transactions. The Company maintains effective control over the loaned securities by virtue of the ability to unilaterally cause the holder to return the loaned security on demand. These securities continue to be carried as investment assets on the Company s balance sheet during the term of the loans and are not reported as sales. The Company s security lending policy requires that the fair value of the cash and securities received as collateral be 102% or more of the fair value of the loaned securities. The collateral received is restricted and cannot be used by the Company unless the borrower defaults under the terms of the agreement. These short-term security lending arrangements increase investment income with minimal risk. At December 31, 2009 and 2008, securities on loan to various borrowers totaled \$97.7 million and \$20.3 million, respectively.

Investment Income

A summary of net investment income sources is set forth below:

For the Year Ended December 31,

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	2009	2008 (In thousands)	2007	
Fixed maturities	\$ 37,716	\$ 54,763	\$ 64,810	
Equity securities	56	(121)	17	
Short-term and other investments	150	4,437	25,695	
Agent receivables	2,513	3,065	3,829	
Student loan interest income	4,734	7,493	10,995	
	45,169	69,637	105,346	
Less investment expenses	2,003	1,909	2,120	
	\$ 43,166	\$ 67,728	\$ 103,226	

F-30

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Realized Gains and Losses

Realized gains and losses and net impairment losses recognized in earnings and the change in unrealized investment gains and (losses) on fixed maturities, equity security and other investments are summarized as follows:

	Fixed Maturities		Equity Securities (In th		Other Investments housands)		Gains (Losses) on Investments	
For The Year Ended December 31: 2009								
Realized Net impairment losses recognized in earnings	\$	2,674 (4,504)	\$	33	\$	(322)	\$	2,385 (4,504)
Change in unrealized		63,661		(32)		859		64,488
Combined	\$	61,831	\$	1	\$	537	\$	62,369
2008 Realized Net impairment losses recognized in earnings Change in unrealized	\$	3,317 (22,591) (40,466)	\$	(14)	\$	(1,218) (3,366) 1,175	\$	2,099 (25,957) (39,305)
Combined	\$	(59,740)	\$	(14)	\$	(3,409)	\$	(63,163)
2007 Realized Net impairment losses recognized in earnings Change in unrealized	\$	871 7,227	\$	11	\$	2,604 (1,175)	\$	3,475 6,063
Combined	\$	8,098	\$	11	\$	1,429	\$	9,538

Fixed maturities

Proceeds from the sale and call of investments in fixed maturities were \$183.3 million, \$353.8 million and \$161.3 million for 2009, 2008 and 2007, respectively. During 2009, 2008 and 2007, the Company realized gross gains of \$2.7 million, \$5.1 million and \$1.3 million, respectively, on the sale and call of fixed maturity investments. The company realized no gross losses during 2009. During 2008 and 2007, the Company realized gross losses of \$1.8 million and \$405,000, respectively, on the sale and call of fixed maturity investments.

Equity securities

During the year ended December 31, 2009, the Company recorded a realized gain of \$33,000 related to the sale of one equity security. The Company realized no gains on equity securities during 2008 and 2007, and losses on equity securities during the years ended December 31, 2009, 2008 and 2007.

Trading securities and Put options

The Company accounts for certain municipal auction rate securities as trading securities. In 2008, the Company entered into an agreement with UBS to facilitate the repurchase of certain auction rate municipal securities. At such time, the Company received put options. Any gain or loss recognized on the trading securities is offset by the same gain or loss on the put options.

Other than temporary impairment

The Company recognized \$4.5 million of OTTI losses during the year ended December 31, 2009, which the Company deemed to be other-than-temporary reductions. These OTTI losses were attributable to credit losses and,

F-31

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

as such, were recorded in Net impairment losses recognized in earnings on the consolidated statement of income (loss). The Company recognized OTTI losses of \$26.0 million during the year ended December 31, 2008. These OTTI losses, which the Company deemed were other than temporary reductions, were due to a decline in the fair values of the investments below the Company s cost basis resulting partially from liquidity issues experienced in the global credit and capital markets. The significant OTTI losses recognized during the year ended December 31, 2008 resulted from certain corporate debt and collateralized debt obligation securities. During 2007, the Company did not record OTTI losses.

Upon adoption of FSP SFAS No. 115-2, which was codified into ASC 320, the Company recorded a cumulative-effect adjustment for debt securities held at adoption for which an OTTI had been previously recognized. The Company recognized such tax-effected cumulative effect of initially applying this guidance as an adjustment to Retained earnings for \$1.0 million, net of tax, with a corresponding adjustment to Accumulated other comprehensive income. The Company recognized \$281,000 of OTTI losses in Accumulated other comprehensive income during 2009.

Set forth below is a summary of cumulative OTTI losses on debt securities held by the Company at December 31, 2009, a portion of which have been recognized in Net impairment losses recognized in earnings on the consolidated statement of income (loss) and a portion of which have been recognized in Accumulated other comprehensive income (loss) on the consolidated balance sheet:

				Reductions					
				for	Cumulative				
	Additions to			Increases in					
	OTTI			Cash	OTTI				
	Securities			Flows					
	Where			Expected to	Credit Losses				
		Additions for		be Collected					
Cumulative OTTI	No Credit	OTTI		that	Recognized for				
		Securities		are					
Credit Losses	Losses Were	Where	Reductions for	Recognized	Securities Still				
		Credit Losses							
Recognized for	Recognized	have been	Securities Sold	Over the	Held at				
		Recognized	During the	Remaining					
Securities Still Held at	Prior to	Prior to	Period	Life of the	December 31,				
April 1, 2009	April 1, 2009	April 1, 2009	(Realized)	Security	2009				
(In thousands)									
\$28,012	\$ 3,109	\$	\$ (17,412)	\$ (40)	\$ 13,669				

Unrealized Gains and Losses

Fixed maturities

Set forth below is a summary of gross unrealized losses in its fixed maturities as of December 31, 2009 and 2008:

	Unrealized Loss Less than 12 Months				1	December 31, 2009 Unrealized Loss 12 Months or Longer				Total				
Description of Securities		Fair Value		Unrealized Losses		Fair Value		Unrealized Losses lousands)		Fair Value		Unrealized Losses		
U.S. and U.S. Government agencies Collateralized debt obligations Residential-backed issued by	\$	3,917	\$	39	\$	685	\$	155	\$	3,917 685	\$	39 155		
agencies Commercial-backed issued by agencies		23,585		179						23,585		179		
Residential-backed						3,128		54		3,128		54		
Commercial-backed						7,887		40		7,887		40		
Asset-backed		1,406		19		10,540		380		11,946		399		
Corporate bonds and municipals		9,203		34		174,331		6,440		183,534		6,474		
Other						5,167		933		5,167		933		
Total	\$	38,111	\$	271	\$	201,738	\$	8,002	\$	239,849	\$	8,273		

F-32

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

	Unrealized Loss Less than 12 Months December 31, 2008 Unrealized Loss 12 Months or Longer				Total							
Description of Securities		Fair Value		realized Losses		Fair Value (In tho]	realized Losses nds)		Fair Value		realized Losses
U.S. and U.S. Government	Φ.		Φ.		ф		Φ.		Φ.		Φ.	
agencies Collateralized debt obligations Residential-backed issued by	\$		\$		\$	2,310	\$	1,115	\$	2,310	\$	1,115
agencies Commercial-backed issued by agencies		49				2,360		59		2,409		59
Residential-backed						5,461		878		5,461		878
Commercial-backed		28,432		2,960		40,100		5,467		68,532		8,427
Asset-backed						13,073		6,148		13,073		6,148
Corporate bonds and municipals Other		117,143		6,877		289,731 5,960		35,108 283		406,874 5,960		41,985 283
Total	\$	145,624	\$	9,837	\$	358,995	\$	49,058	\$	504,619	\$	58,895

Unrealized Losses Less Than 12 Months

Of the \$271,000 in unrealized losses that had existed for less than twelve months at December 31, 2009, no security had an unrealized loss in excess of 10% of the security s cost.

Of the \$9.8 million in unrealized losses that had existed for less than twelve months at December 31, 2008, thirteen securities had unrealized losses in excess of 10% of the security s cost, of which eleven were Corporate bonds and two were Other mortgage and asset backed securities. The amount of unrealized loss with respect to those securities was \$5.3 million at December 31, 2008, of which \$4.5 million relates to Corporate bonds and \$800,000 relates to Other mortgage and asset backed securities.

Unrealized Losses 12 Months or Longer

Of the \$8.3 million in unrealized losses that had existed for twelve months or longer at December 31, 2009, eight securities had unrealized losses in excess of 10% of the security s cost, of which two were classified as Asset-backed securities, one was classified as Other, four were classified as Corporate bonds and municipals, and one was classified as Collateralized debt obligations in the table above. The amount of unrealized loss with respect to those securities was \$3.9 million at December 31, 2009, of which \$307,000 relates to Asset-backed securities, \$933,000 relates to Other, \$2.5 million relates to Corporate bonds and municipals and \$155,000 relates to Collateralized debt obligations.

Of the \$49.1 million in unrealized losses that had existed for twelve months or longer at December 31, 2008, forty three securities had an unrealized loss in excess of 10% of the security s cost, of which twenty-eight were Corporate bonds and fifteen were Other mortgage and asset backed securities. The amount of unrealized loss with respect to those securities was \$35.0 million at December 31, 2008, of which \$22.5 relates to Corporate bonds and \$12.5 relates to Other mortgage and asset backed securities. The two largest individual losses were \$4.0 million and \$1.5 million. Approximately 70% of the unrealized losses during 2008 occurred during the last six months of the year. At December 31, 2008, approximately 62% of the \$22.5 million of unrealized losses on Corporate bonds that had existed for twelve months or longer were held in the financial services industry.

As a Company that holds investments in the financial services industry, HealthMarkets has been affected by conditions in U.S. financial markets and economic conditions throughout the world. The financial environment in F-33

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

the U.S. was volatile during 2008; however, the Company has seen improved market conditions during 2009, which are reflected in the decrease in unrealized losses, as well as a decrease in the number of securities with unrealized losses. The Company continually monitors investments with unrealized losses that have existed for twelve months or longer and considers such factors as the current financial condition of the issuer, the performance of underlying collateral and effective yields. Additionally, HealthMarkets—considers whether it has the intent to sell the security and whether it is more likely than not that the Company will be required to sell the debt security before the fair value reverts to its cost basis, which may be at maturity of the security. Based on such review, the Company believes that, as of December 31, 2009, the unrealized loss in these investments is temporary.

It is at least reasonably probable the Company s assessment of whether the unrealized losses are other than temporary may change over time, given, among other things, the dynamic nature of markets or changes in the Company s assessment of its ability or intent to hold impaired investment securities, which could result in the Company recognizing other-than-temporary impairment charges or realized losses on the sale of such investments in the future.

Equity securities

Gross unrealized investment gains on equity securities were \$0, \$32,000 and 46,000 and at December 31, 2009, 2008 and 2007, respectively. The Company had no gross unrealized investment losses on equity securities at December 31, 2009, 2008 and 2007.

5. STUDENT LOAN RECEIVABLES

The Company holds alternative (*i.e.*, non-federally guaranteed) student loans extended to students at selected colleges and universities. Through its student loan funding vehicles, CFLD-I and UFC2, the Company previously offered an interest-sensitive whole life insurance product with a child term rider. The child term rider included a special provision under which the Company committed to provide private student loans to help fund the named child s higher education if certain restrictions and qualifications were satisfied. During 2003, the Company discontinued offering the child term rider, however, for policies previously issued, the Company has outstanding commitments to fund student loans through 2026. In connection with the 2008 sale of the Company s former Life Insurance Division business, Wilton agreed to fund student loans; provided, however, that it will not be required to fund any student loan that would cause the aggregate par value of all such loans funded by Wilton to exceed \$10.0 million. As of December 31, 2009, approximately \$1.6 million of student loans had been funded under this agreement. See Note 18 of Notes to Consolidated Financial Statements for additional information regarding the Company s outstanding student loan commitments.

Loans issued to students are limited to the cost of school or prescribed maximums, and are generally collateralized by the related insurance policy and the co-signature of a parent or guardian. Set forth below is a summary of student loan receivables at December 31, 2009 and 2008:

December 31, 2009 2008 (In thousands)

Student loans	guaranteed by private insurers	\$ 63,808	\$ 68,630
Student loans	non-guaranteed	18,135	21,902
Allowance for	losses	(12,032)	(11,695)
Total student lo	oan receivables	\$ 69,911	\$ 78,837

Of the net \$69.9 million and \$78.8 million carrying amount of student loans at December 31, 2009 and 2008, \$67.8 million and \$76.5 million, respectively, were pledged to secure payment of secured student loan indebtedness

F-34

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

(see Note 9 of Notes to Consolidated Financial Statements). The fair value of student loans approximated the carrying value at December 31, 2009 and 2008.

The provision for losses on student loans is summarized as follows:

	2009	December 31, 2008 (In thousands)	2007
Balance at beginning of year Change in provision for losses	\$ 11,695 337	\$ 2,925 8,770	\$ 3,256 (331)
Balance at end of year	\$ 12,032	\$ 11,695	\$ 2,925

A portion of the student loans issued are guaranteed 100% as to principal and accrued interest. The Education Resources Institute, Inc. (TERI) serves as the guarantor on the majority of guaranteed student loans. On April 7, 2008, TERI filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code (*In Re The Education Resources Institute, Inc.*), in the United States Bankruptcy Court for the District of Massachusetts, Eastern Division, Case No. 08-12540. On October 16, 2008, CFLD-I and UFC2 each filed a proof of claim in this matter seeking amounts owing to them by TERI in connection with the guaranty agreements. As such, during 2008, the Company increased its allowance for doubtful accounts related to student loans guaranteed by TERI. The Company is unable to determine at this time whether such amounts will be recoverable or, if recoverable, the extent of the recovery.

The Company recorded bad debt expense related to student loans of \$2.6 million, \$10.9 million and \$2.1 million for the years ended December 31, 2009, 2008 and 2007, respectively. Bad debt expense for 2008 includes an additional provision related to the bankruptcy of TERI, as discussed above.

Interest rates on student loans are principally variable (prime plus 2%). The Company recognized interest income from the student loans of \$4.7 million, \$7.5 million and \$11.0 million in 2009, 2008 and 2007, respectively, which is included in Investment income on its consolidated statements of income (loss). At December 31, 2009 and 2008, accrued interest on student loans was \$3.2 million and \$4.2 million, respectively, and was included in Investment income due and accrued on the Company's consolidated balance sheets.

6. REINSURANCE

The Company s insurance company subsidiaries, in the ordinary course of business, reinsure certain risks with other insurance companies. These arrangements provide greater diversification of risk and limit the maximum net loss potential arising from large risks. To the extent that reinsurance companies are unable to meet their obligations under the reinsurance agreements, the Company remains liable.

The reinsurance receivable at December 31, 2009 and 2008 was as follows:

	Dece	mber 31,
	2009	2008
	(In th	ousands)
Paid losses recoverable	\$ 1,764	\$ 20,451
Other net(1)	708	(13,329)
Total reinsurance receivable	\$ 2,472	\$ 7,122

F-35

⁽¹⁾ The amounts included in Other-net above for 2008 primarily represent premium ceded and expenses ceded to Wilton for the period from the Coinsurance Effective Date through December 31, 2008 that were not yet settled.

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

At December 31, 2009 and 2008, reinsurance receivables were \$2.5 million and \$7.1 million, respectively, and were included in Agent and other receivables on the consolidated balance sheets. Additionally, at December 31, 2009 and 2008, reinsurance payables were \$14.1 million and \$0, respectively and were included in Other liabilities on the consolidated balance sheets. Reinsurance amounts include premiums ceded and expenses ceded to various reinsurers that were not yet settled at the balance sheet date. The increase in the liability from 2008 to 2009 was primarily due to the timing of the final settlement amount for the sale of the Life Insurance Division business.

Amounts included in Reinsurance recoverable ceded policy liabilities on the consolidated balance sheets primarily represent business ceded to Wilton as disclosed in the table below:

		December 31,			
	20	009	2008		
		(In thousands)			
Wilton	\$ 33	33,827	\$ 353,580		
Other	2	27,478	31,221		
Total coinsurance arrangements	\$ 36	51,305	\$ 384,801		

The effects of reinsurance transactions reflected in the consolidated financial statements are as follows:

	For the Year Ended Decement 2009 2008 (In thousands)			mbe	mber 31, 2007	
Premiums: Premiums Written: Direct Assumed Ceded	\$	1,032,128 1,352 (68,712)	\$	1,391,413 25,752 (147,504)	\$	1,503,082 32,694 (156,254)
Net Written	\$	964,768	\$	1,269,661	\$	1,379,522
Premiums Earned: Direct Assumed Ceded	\$	1,045,501 4,108 (69,660)	\$	1,420,964 26,030 (146,558)	\$	1,558,340 30,614 (206,761)
Net Earned	\$	979,949	\$	1,300,436	\$	1,382,193

Ceded benefits and settlement expenses

\$ 36,090 \$ 99,564 \$ 126,051

2008 Coinsurance Arrangements

In connection with the Company s exit from the Life Insurance Division business, Wilton agreed, effective July 1, 2008, to reinsure on a 100% coinsurance basis substantially all of the insurance policies associated with the Company s Life Insurance Division (the Coinsured Policies). Under the terms of the Coinsurance Agreements (the Coinsurance Agreements) entered into with Chesapeake, Mid-West and MEGA (collectively the Ceding Companies), Wilton assumed responsibility for all insurance liabilities associated with the Coinsurance Policies, and agreed to be responsible for administration of the Coinsured Policies, subject to certain transition services to be provided by the Ceding Companies to Wilton. The Ceding Companies remain primarily liable to the policyholders on those policies, with Wilton assuming the risk from the Ceding Companies. At December 31, 2009 and 2008,

F-36

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

policy liabilities ceded to Wilton were recorded in Policy liabilities with a corresponding asset recorded in Reinsurance recoverable ceded policy liabilities on the Company s consolidated balance sheets.

See Note 20 of Notes to Consolidated Financial Statements for additional information regarding the Company s exit from the Life Insurance Division business.

7. GOODWILL AND OTHER INTANGIBLE ASSETS

Goodwill and other intangible assets by operating division as of December 31, 2009 and 2008 are as follows:

		Decemb Other	er 31, 2009	
	Goodwill	Intangible Assets (In the	Accumulated Amortization ousands)	Net
Self-Employed Agency Division Life Insurance Division	\$ 40,025 359	\$ 55,283	\$ (9,694)	\$ 85,614 359
	\$ 40,384	\$ 55,283	\$ (9,694)	\$ 85,973
		Decemb Other	er 31, 2008	
	Goodwill	Intangible Assets	Accumulated Amortization ousands)	Net
Self-Employed Agency Division Life Insurance Division	\$ 40,025 359	\$ 55,283	\$ (8,112)	\$ 87,196 359
	\$ 40,384	\$ 55,283	\$ (8,112)	\$ 87,555

Other intangible assets consisted of the following: state insurance licenses related to the acquisition of Fidelity Life Insurance Company in December 2007; customer lists, trademark and non-compete agreements related to the acquisition of substantially all of the operating assets of HEI Exchange Inc. in October 2004; and the acquisition of the right to certain renewal commissions from Special Investment Risks, Ltd (SIR). Previously, SIR sold health insurance policies that were either issued by a third-party insurance company and coinsured by the Company or policies that were issued directly by the Company. Effective January 1, 1997, the Company acquired the agency force of SIR, and in accordance with the terms of the asset sale agreement, SIR retained the right to receive certain

commissions and renewal commissions. On May 19, 2006, the Company and SIR entered into a termination agreement, pursuant to which SIR received an aggregate of \$47.5 million from the Company and all future commission payments owed to SIR under the asset sale agreement were discharged in full.

During 2009, the customer lists, trademark and non-compete agreements related to the acquisition of HEI Exchange Inc. became fully amortized and were written-off in accordance with ASC 350 *Intangibles Goodwill and Other*. The Company recorded amortization expense associated with other intangibles of \$1.6 million, \$1.6 million and \$1.7 million in 2009, 2008 and 2007, respectively.

F-37

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Estimated amortization expense for the next five years and thereafter related to intangible assets is as follows:

	tization Expense n thousands)
2010	\$ 1,525
2011	1,532
2012	1,550
2013	1,580
2014	1,620
Thereafter	33,738
	\$ 41,545

8. POLICY LIABILITIES

As more fully described below, policy liabilities consisted of future policy and contract benefits, claim liabilities, unearned premiums and other policy liabilities at December 31, 2009 and 2008 as follows:

	Decem	ıber 31,	
	2009	2008	
	(In thousands)		
Future policy and contract benefits	\$ 462,217	\$ 486,174	
Claims	339,755	415,748	
Unearned premiums	46,309	61,491	
Other policy liabilities	8,247	9,633	
	\$ 856,528	\$ 973,046	

During the years ended 2009, 2008 and 2007, the Company incurred the following costs associated with benefits, claims and settlement expenses net of reinsurance ceded:

	For the Year Ended December 31,					
	2009		2008			2007
			(In t	housands)		
Future liability and contract benefits	\$	4,010	\$	21,297	\$	25,232

Claims benefits	580,868	835,698	776,551
Total benefits, claims and settlement expenses	\$ 584,878	\$ 856,995	\$ 801,783

Future Policy and Contract Benefits

Liability for future policy and contract benefits consisted of the following at December 31, 2009 and 2008:

		December 31,			
		2009	2008		
		(In thousands)			
Accident & Health		\$ 101,575	\$ 105,479		
Life		266,829	291,621		
Annuity		93,813	89,074		
		\$ 462,217	\$ 486,174		
	F-38				

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Accident and Health Policies

With respect to accident and health insurance, future policy benefits are primarily attributable to return-of-premium (ROP) rider that the Company has issued with certain health policies. Pursuant to this rider, the Company undertakes to return to the policyholder on or after age 65 all premiums paid less claims reimbursed under the policy. The ROP rider also provides that the policyholder may receive a portion of the benefit prior to age 65. The future policy benefits for the ROP rider are computed using the net level premium method. A claim offset for actual benefits paid through the reporting date is applied to the ROP liability for all policies on a contract-by-contract basis. The ROP liabilities reflected in future policy and contract benefits were \$88.1 million and \$95.4 million at December 31, 2009 and 2008, respectively.

The remainder of the future policy benefits for accident and health are for insurance coverage for which the present value of future benefits exceed the present value of future valuation net premiums. Valuation net premiums refers to a series of net premiums wherein each premium is set as a constant proportion of expected gross premium over the life of the covered individual. This occurs when the premium rates are developed such that they will not increase at the same rate benefits increase over the period insurance coverage is in force. This policy benefit is included in the Company s issue-age rated disability income policies and products introduced in 2008 and later.

Life Policies and Annuity Contracts

With respect to traditional life insurance, future policy benefits are computed on a net level premium method. Substantially all liability interest assumptions range from 3.0% to 6.0%. Such liabilities are graded to equal statutory values or cash values prior to maturity.

Interest rates credited to future contract benefits related to universal life-type contracts approximated 4.3%, 4.3% and 4.5%, respectively, during each of 2009, 2008 and 2007. Interest rates credited to the liability for future contract benefits related to direct annuity contracts generally ranged from 3.0% to 5.5% during 2009, 2008 and 2007.

The Company has assumed certain annuity business from another company, utilizing the same actuarial assumptions as the ceding company. The liability for future policy benefits related to life business has been calculated using an interest rate ranging from 4% to 6%, consistent with the best estimate assumptions for interest sensitive life plans and consistent with pricing assumptions for non-interest sensitive life plans. Interest rates credited to the liability for future contract benefits related to these annuity contracts generally ranged from 3.0% to 4.5% during 2009, 2008 and 2007.

The carrying amounts of liabilities for investment-type contracts (included in future policy and contract benefits and other policy liabilities) at December 31, 2009 and 2008 were as follows:

December 31, 2009 2008 (In thousands)

Direct annuities \$ 59.939 \$ 52.071

Assumed annuities	32,559	35,508
Supplemental contracts without life contingencies	1,315	1,495
	\$ 93,813	\$ 89,074

Claims Liabilities

The Company establishes liabilities for benefit claims that have been reported but not paid and claims that have been incurred but not reported under health and life insurance contracts. Consistent with overall company

F-39

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

philosophy, the claim liability estimate is determined which is expected to be adequate under reasonably likely circumstances. This estimate is developed using actuarial principles and assumptions that consider a number of items as appropriate, including but not limited to historical and current claim payment patterns, product variations, the timely implementation of appropriate rate increases and seasonality. The Company does not develop ranges in the setting of the claims liability reported in the financial statements.

Set forth below is a summary of claim liabilities by business unit each of December 31, 2009, 2008 and 2007:

	2009	December 31, 2008 (In thousands)	2007
Self-Employed Agency Division Disposed Operations(1)	\$ 300,523 11,87		\$ 371,861 25,945
Subtotal Reinsurance recoverable(2)	312,402 27,353	*	397,806 37,293
Total claim liabilities	\$ 339,753	\$ 415,748	\$ 435,099

- (1) Reflects claims liabilities associated with the following former divisions of the Company: Medicare Division, Other Insurance Division, Life Insurance Division, Student Insurance Division and Star HRG Division. The claims liabilities remaining at December 31, 2009 primarily represent the liability associated with the remaining Medicare business and Other Insurance Division.
- (2) Reflects liability related to unpaid losses recoverable. The amount associated with Disposed Operations in 2009, 2008 and 2007 was \$22.4 million, \$26.6 million and \$33.3 million, respectively.

The majority of Company s claim liabilities are estimated using the developmental method, which involves the use of completion factors for most incurral months, supplemented with additional estimation techniques, such as loss ratio estimates, in the most recent incurral months. This method applies completion factors to claim payments in order to estimate the ultimate amount of the claim. These completion factors are derived from historical experience and are dependent on the incurred dates of the claim, as well as the dates a payment is made against the claim. The completion factors are selected so that they are equally likely to be redundant as deficient.

In estimating the ultimate level of claims for the most recent incurral months, the Company uses what it believes are prudent estimates that reflect the uncertainty involved in these incurral months. An extensive degree of judgment is used in this estimation process. For healthcare costs payable, the claim liability balances and the related benefit expenses are highly sensitive to changes in the assumptions used in the claims liability calculations. With respect to health claims, the items that have the greatest impact on the Company s financial results are the medical cost trend,

which is the rate of increase in healthcare costs, and the unpredictable variability in actual experience. Any adjustments to prior period claim liabilities are included in the benefit expense of the period in which adjustments are identified. Due to the considerable variability of healthcare costs and actual experience, adjustments to health claim liabilities usually occur each quarter and may be significant.

The developmental method used by the Company to estimate most of its claim liabilities produces a single estimate of reserves for both in course of settlement (ICOS) and incurred but not reported (IBNR) claims on an integrated basis. Since the IBNR portion of the claim liability represents claims that have not been reported to the Company, this portion of the liability is inherently more imprecise and difficult to estimate than other liabilities. A separate IBNR or ICOS reserve is estimated from the combined reserve by allocating a portion of the combined reserve based on historical payment patterns. Approximately 73%-83% of the Company s claim liabilities represent IBNR claims over the last three years.

F-40

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Set forth in the table below is the summary of the IBNR claim liability by business unit at each of December 31, 2009, 2008 and 2007:

	2009 (De	December 31, 2008 Ollars in thousand	2007 ds)
Self Employed Agency Division Disposed Operations(1)	\$ 211,634 10,880	\$ 289,096 35,257	\$ 309,462 17,657
Subtotal Reinsurance recoverable	222,514 25,883	324,353 10,554	327,119 32,270
Total IBNR claim liability ICOS claim liability Reinsurance recoverable	248,397 89,888 1,470	334,907 60,079 20,762	359,389 70,687 5,023
Total ICOS claim liability	91,358	80,841	75,710
Total claim liability	\$ 339,755	\$ 415,748	\$ 435,099
Percent of IBNR to Total	73%	81%	83%

(1) Reflects incurred claims liabilities associated with the Company s Medicare, Other Insurance Division, Life Insurance Division, Student Insurance Division and Star HRG Division.

For the majority of health insurance products in the SEA Division, the Company s claim liabilities are estimated using the developmental method, The Company establishes the claims liability dependent upon the incurred dates, with certain adjustments, as described below. For certain products introduced prior to 2008, claims liabilities for the cost of all medical services related to a distinct accident or sickness are recorded at the earliest date of diagnosis or treatment, even though the medical services associated with such accident or sickness might not be rendered to the insured until a later financial reporting period. A break in occurrence of a covered benefit service of more than six months will result in the establishment of a new incurred date for subsequent services. A new incurred date is established if claims payments continue for more than thirty-six months without a six month break in service.

For products introduced in 2008 and later, claim payments are considered incurred on the date the service is rendered, regardless of whether the sickness or accident is distinct or the same. This is consistent with the assumptions used in the pricing of these products, which represent approximately 10% of the total claim liability of the SEA Division at December 31, 2009.

The SEA Division also makes various refinements to the claim liabilities as appropriate. These refinements estimate liabilities for circumstances, such as inventories of pending claims in excess of historical levels and disputed claims. When the level of pending claims appears to be in excess of normal levels, the Company typically establishes a liability for excess pending claims. The Company believes that such an excess pending claims liability is appropriate under such circumstances because of the operation of the developmental method used to calculate the principal claim liability, which method develops or completes paid claims to estimate the claim liability. When the pending claims inventory is higher than would ordinarily be expected, the level of paid claims is correspondingly lower than would ordinarily be expected. This lower level of paid claims, in turn, results in the developmental method yielding a smaller claim liability than would have been yielded with a normal level of paid claims, resulting in the need for augmented claim liabilities.

With respect to Disposed Operations, the Company primarily assigns incurred dates based on the date of service, which estimates the liability for all medical services received by the insured prior to the end of the applicable financial period. Adjustments are made in the completion factors to account for pending claim inventory

F-41

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

changes and contractual continuation of coverage beyond the end of the financial period. However, for the workers compensation business that was part of the Life Insurance Division operations, for which the Company still retains some risk, the Company assigns incurred dates based on the date of loss. Additionally, with respect to Other Insurance, the Company assigns incurred dates based on the date of loss, which estimates the liability for all payments related to a loss at the end of the applicable financial period in which the loss occurs.

Claims Liability Development Experience

Activity in the claims liability is summarized as follows:

	For the Y	Zear]	Ended Dece	emb	er 31,
	2009	(In t	2008 thousands)		2007
Claims liability at beginning of year, net of reinsurance Less: Claims liability paid on business disposed Add:	\$ 384,432	\$	397,806 (10,694)	\$	444,550
Incurred losses, net of reinsurance, occurring during:					
Current year	613,212		858,855		851,575
Prior years	(32,344)		(23,157)		(75,024)
Total incurred losses, net of reinsurance	580,868		835,698		776,551
Deduct:					
Payments for claims, net of reinsurance, occurring during:					
Current year	399,864		545,368		535,987
Prior years	253,034		293,010		287,308
Total paid claims, net of reinsurance	652,898		838,378		823,295
Claims liability at end of year, net of related reinsurance recoverable					
(2009 \$27,353; 2008 \$31,316; 2007 \$37,293)	\$ 312,402	\$	384,432	\$	397,806

Set forth in the table below is a summary of the claims liability development experience (favorable) unfavorable by business unit in the Company s Insurance segment for each of the years ended December 31, 2009, 2008 and 2007:

For the Year Ended December 31, 2009 2008 2007 (In thousands)

Self-Employed Agency Division	\$ (36,342)	\$ (20,305)	\$ (75,552)
Disposed Operations	3,998	(2,852)	528
Total favorable development	\$ (32,344)	\$ (23,157)	\$ (75,024)

Impact on SEA Division. As indicated in the table above, incurred losses developed at the SEA Division in amounts less than originally anticipated due to better-than-expected experience on the health business in each of the years.

F-42

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

For the SEA Division, the favorable claims liability development experience in the prior year s reserve for each of the years ended December 31, 2009, 2008, and 2007 is set forth in the table below by source:

	For the Yo	For the Year Ended December 31, 2009 2008 2007 (In thousands)				
	2009	2008	2007			
		(In thousands)				
Development in the most recent incurral months	\$ (22,762)	\$ (14,744)	\$ (25,957)			
Development in completion factors	(4,743)	2,495	(9,536)			
Development in reserves for regulatory and legal matters	(6,858)	(1,888)	(14,991)			
Development in the ACE rider	(2,240)	(5,784)	(13,670)			
Development in non-renewed blanket policies	5	(149)	(6,669)			
Other	256	(235)	(4,729)			
Total favorable development	\$ (36,342)	\$ (20,305)	\$ (75,552)			

The total favorable claims liability development experience for 2009, 2008 and 2007 in the amount of \$36.3 million, \$20.3 million and \$75.6 million, respectively, represented 10.4%, 5.5% and 18.1% of total claim liabilities established for the SEA Division as of December 31, 2008, 2007 and 2006, respectively.

Development in the most recent incurral months and development in completion factors

As indicated in the table above, considerable favorable development (\$27.5 million, \$12.2 million and \$35.5 million for the year ended December 31, 2009, 2008 and 2007, respectively) is associated with the estimate of claim liabilities for the most recent incurral months and development of completion factors. The favorable claims development is partially offset by an estimated claims liability arising from a review of its claims processing for state mandated benefits. The review is expected to be completed by the first half of 2011. As a result of the review, in the fourth quarter ended December 31, 2009, the Company refined its claims liability estimate related to state mandated benefits and recorded a claim liability estimate of \$23.9 million. In estimating the ultimate level of claims for the most recent incurral months, the Company uses what it believes are prudent estimates that reflect the uncertainty involved in these incurral months. An extensive degree of judgment is used in this estimation process. For healthcare costs payable, the claim liability and the related benefit expenses are highly sensitive to changes in the assumptions used in the claims liability calculations. With respect to health claims, the items that have the greatest impact on the Company s financial results are the medical cost trend, which is the rate of increase in healthcare costs, and the unpredictable variability in actual experience. Over time, the developmental method replaces anticipated experience with actual experience, resulting in an ongoing re-estimation of the claims liability. Since the greatest degree of estimation is used for more recent periods, the most recent prior year is subject to the greatest change. Recent actual experience has produced lower levels of claims payment experience than originally expected (see discussion below regarding Changes in SEA Claim Liability Estimates).

Development in reserves for regulatory and legal matters

The Company experienced favorable development for each of the three years presented in the table above associated with its reserves for regulatory and legal matters due to settlements of certain matters on terms more favorable than originally anticipated.

Development in the Accumulated Covered Expense (ACE) rider

The ACE rider is an optional benefit rider available with certain scheduled/basic health insurance products that provides for catastrophic coverage for covered expenses under the contract that generally exceed \$100,000 or, in certain cases, \$75,000. This rider pays benefits at 100% after the stop loss amount is reached up to the aggregate maximum amount of the contract for expenses covered by the rider. Development in the ACE rider is presented

F-43

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

separately due to the greater level of volatility in the ACE product resulting from the nature of the benefit design where there are less frequent claims but larger dollar value claims. The development experience presented in the table above is largely attributable to development in the most recent incurral months and development in the completion factors (see *Changes in the SEA Claim Liability Estimates* discussion below).

Cancellation of Blanket Policies

In 2009, the SEA Division experience unfavorable development in its claim liability of \$5,000 related to its reserve for benefits provided through group blanket contracts to the members of certain associations. In 2008 and 2007, the SEA Division benefited from favorable development in its claim liability of \$149,000 and \$6.7 million, respectively, related to its reserve for benefits provided through group blanket contracts to the members of certain associations. These contracts were terminated at the end of 2006 and the Company s subsequent actual experience was generally favorable in comparison to the reserve estimates established prior to the termination of the contracts, except for one late claim payment in 2009 after the related reserve had been released.

Other

The remaining unfavorable development in the prior year s claim liability was \$256,000 in 2009. In 2008 and 2007, respectively, the remaining favorable development in the prior year s claim liability was \$235,000 and \$4.7 million. In each year this remainder represents less than 1.1% of the total claim liability established at the end of each preceding year.

Impact on Disposed Operations

The unfavorable claim liability development experience of \$4.0 million in 2009 is primarily related to the poor performance of the Medicare product sold in the 2008 calendar year. The favorable development in 2008 of \$2.9 million was due to the release of excess reserves in the Other Insurance Division. The unfavorable claim liability development experience in 2007 of \$528,000 was primarily due to certain large claims reported in 2007 associated with claims incurred in prior years in the Other Insurance Division.

Changes in SEA Claim Liability Estimates

As discussed above, the SEA Division reported particularly favorable experience development on claims incurred in prior years in the reported values of subsequent years. As discussed below, a significant portion of the favorable experience development was attributable to the recognition of the patterns used in establishing the completion factors that were no longer reflective of the expected future patterns that underlie the claim liability.

In response to evaluating these results, the Company has recognized the nature of its business is constantly changing. As such, HealthMarkets has refined its estimates and assumptions used in calculating the claim liability estimate to regularly accommodate the changing patterns as they emerge.

The Company s estimates with respect to claims liability and related benefit expenses are subject to an extensive degree of judgment. During the fourth quarter of 2009, based on a review of its claims processing for state mandated

benefits, which review is expected to be completed by the first half of 2011, the Company refined its claim liability estimate related to state mandated benefits. Based on this review of submitted charges for state mandated benefits, the Company recorded a claim liability estimate of \$23.9 million.

No additional refinements to the claim liability estimation techniques were found to be necessary during 2009 and 2008 over and above the regular update of the completion factors, the impact of which was included in the benefit expense.

F-44

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

During 2007, the Company made the following refinements to its claim liability estimate:

The claim liability was reduced by \$12.3 million resulting from a refinement to the estimate of unpaid claim liability specifically for the most recent incurral months. In particular, the Company reassessed its claim liability estimates among product lines between the more mature scheduled benefit products that have more historical data and are more predictable, and the newer products that are less mature, have less historical data and are more susceptible to deviation.

A reduction in the claim liability of \$11.2 million was attributable to an update of the completion factors used in the developmental method of estimating the unpaid claim liability to reflect more recent claims payment experience.

The Company made certain refinements to reduce its estimate of the claim liability for the ACE rider totaling \$10.9 million. These refinements were attributable to updates of the completion factors used in estimating the claim liability for the ACE rider, reflecting an increasing reliance on actual historical data for the ACE rider in lieu of large claim data derived from other products.

9. DEBT AND STUDENT LOAN CREDIT FACILITY

The Company s debt is comprised of the following at December 31, 2009:

				Ir	iterest Expen	se
	Principal	Maturity	Interest	For the Ye	ar Ended De	cember 31,
	Amount	Date	Rate(a)	2009	2008	2007
			(Dollars in th	nousands)		
2006 credit agreement:						
Term loan	\$ 362,500	2012	1.28%	\$ 16,374	\$ 21,223	\$ 24,455
\$75 Million revolver (non-use						
fee)		2011		308	132	161
Trust preferred securities:						
UICI Capital Trust I	15,470	2034	3.78%	696	1,024	1,388
HealthMarkets Capital Trust I	51,550	2036	3.30%	2,108	3,288	4,432
HealthMarkets Capital Trust II	51,550	2036	8.37%	4,373	4,385	4,373
Interest on Deferred Tax Gain			4.00%	2,937	3,977	4,284
Interest on Coinsurance					3,148	
Amortization of financing fees				4,770	4,519	4,516
Total debt	\$ 481,070			\$ 31,566	\$ 41,696	\$ 43,609
Student Loan Credit Facility	77,350	(b)	0.00%(c)	866	3,483	6,192
Total	\$ 558,420			\$ 32,432	\$ 45,179	\$ 49,801

- (a) Represents the interest rate on December 31, 2009.
- (b) The Series 2001A-1 Notes and Series 2001A-2 Notes have a final stated maturity of July 1, 2036; the Series 2002A Notes have a final stated maturity of July 1, 2037 (see *Student Loan Credit Facility* discussion below).
- (c) The interest rate on each series of SPE Notes resets monthly in a Dutch auction process.

F-45

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Supplemental calculation of financing fee amortization:

	A	apitalized Amount at cember 31,			Amortization Expense For the Year Ended December 31,					
	2009		Life (years) (Dollars i	2009 es in thousan		2008 ds)		2007		
2006 credit agreement:										
Term loan	\$	7,156	6	\$	2,838	\$	2,647	\$	2,749	
\$75 Million revolver (non-use fee) Trust preferred securities:		790	5		632		633		632	
UICI Capital Trust I			5		29		85		85	
HealthMarkets Capital Trust I		884	5		635		577		526	
HealthMarkets Capital Trust II		889	5		636		577		524	
Amortization of financing fees Loss on early extinguishment of debt	\$	9,719	5	\$	4,770	\$	4,519	\$	4,516 2,926	
			J						•	
Total	\$	9,719		\$	4,770	\$	4,519	\$	7,442	

During 2007, the Company incurred a \$2.9 million loss, which is included in Realized gains, net on the consolidated statement of income (loss), related to the early extinguishment of debt due to a \$75.0 million voluntary prepayment on the term loan.

Principal payments required for the Company s debt for each of the next five years and thereafter are as follows:

For the Year Ended December 31,	Debt		dent Loan Credit Facility ds)
2010	\$	\$	12,550
2011			11,750
2012	362,500)	10,400
2013			9,050
2014			7,800
Thereafter	118,570)	25,800

\$ 481,070 \$ 77,350

The fair value of the Company s debt, exclusive of indebtedness outstanding under the secured student loan credit facility, was \$394.8 million and \$317.4 million at December 31, 2009 and 2008, respectively. The fair value of such debt is estimated using discounted cash flow analyses, based on the Company s current incremental borrowing rates for similar types of borrowing arrangements. At December 31, 2009 and 2008, the carrying amount of outstanding indebtedness secured by student loans approximated the fair value, as interest rates on such indebtedness reset monthly.

2006 Credit Agreement

In connection with the Merger on April 5, 2006, HealthMarkets, LLC entered into a credit agreement, providing for a \$500.0 million term loan facility and a \$75.0 million revolving credit facility (which includes a \$35.0 million letter of credit sub-facility). The revolving credit facility will expire on April 5, 2011, and the term loan facility will expire on April 5, 2012. At both December 31, 2009 and 2008, \$362.5 million remained

F-46

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

outstanding and bore interest at LIBOR plus 1%. The Company has not drawn on the \$75.0 million revolving credit facility.

The term loan requires nominal quarterly installments (not exceeding 0.25% of the aggregate principal amount at the date of issuance) until the maturity date, at which time the remaining principal amount is due. As a result of voluntary prepayments made, the Company is no longer obligated to make future nominal quarterly installments as previously required by the credit agreement. Borrowings under the credit agreement may be subject to certain mandatory prepayments if the Company is unable to meet certain leverage ratios. At HealthMarkets, LLC s election, the interest rates per annum applicable to borrowings under the credit agreement will be based on a fluctuating rate of interest measured by reference to either (a) LIBOR plus a borrowing margin, or (b) a base rate plus a borrowing margin. HealthMarkets, LLC will pay (a) fees on the unused loan commitments of the lenders, (b) letter of credit participation fees for all letters of credit issued, plus fronting fees for the letter of credit issuing bank, and (c) other customary fees in respect of the credit facility. Borrowings and other obligations under the credit agreement are secured by a pledge of HealthMarkets, LLC s interest in substantially all of its subsidiaries, including the capital stock of MEGA, Mid-West, Chesapeake, HealthMarkets Insurance and Insphere.

In connection with the financing, the Company incurred issuance costs of \$26.5 million, which were capitalized and are being amortized over six years.

Trust Preferred Securities

2006 Notes

On April 5, 2006, HealthMarkets Capital Trust I and HealthMarkets Capital Trust II, two newly formed Delaware statutory business trusts, (collectively the Trusts) issued \$100.0 million of floating rate trust preferred securities (the 2006 Trust Securities) and \$3.1 million of floating rate common securities. The Trusts invested the proceeds from the sale of the 2006 Trust Securities, together with the proceeds from the issuance to HealthMarkets, LLC by the Trusts of the common securities, in \$100.0 million principal amount of HealthMarkets, LLC s Floating Rate Junior Subordinated Notes due June 15, 2036 (the 2006 Notes), of which \$50.0 million principal amount accrue interest at a floating rate equal to three-month LIBOR plus 3.05% and \$50.0 million principal amount accrue interest at a fixed rate of 8.37% through but excluding June 15, 2011 and thereafter at a floating rate equal to three-month LIBOR plus 3.05%. Distributions on the 2006 Trust Securities will be paid at the same interest rates paid on the 2006 Notes.

The 2006 Notes, which constitute the sole assets of the Trusts, are subordinate and junior in right of payment to all senior indebtedness (as defined in the Indentures) of HealthMarkets, LLC. The Company has fully and unconditionally guaranteed the payment by the Trusts of distributions and other amounts payable under the 2006 Trust Securities. The guarantee is subordinated to the same extent as the 2006 Notes.

The Trusts are obligated to redeem the 2006 Trust Securities when the 2006 Notes are paid at maturity or upon any earlier prepayment of the 2006 Notes. Prior to June 15, 2011, the 2006 Notes may be redeemed only upon the occurrence of certain tax or regulatory events at 105.0% of the principal amount thereof in the first year reducing by 1.25% per year until it reaches 100.0%. On and after June 15, 2011 the 2006 Notes are redeemable, in whole or in part, at the option of the Company at 100.0% of the principal amount thereof.

In accordance with the Variable Interest Entities subsection of ASC Topic 810-10-15, *Consolidation*, the accounts of the Trusts have not been consolidated with those of the Company and its consolidated subsidiaries. The Company s \$3.1 million investment in the common equity of the Trusts is included in Short-term and other investments on the consolidated balance sheets. Income paid to the Company by the Trusts with respect to the common securities, and interest received by the Trust from the Company with respect to the \$100.0 million principal amount of the 2006 Notes, have been recorded as Interest income and Interest expense, respectively. Interest income, which is recorded in Other income on the consolidated statements of income (loss), was

F-47

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

\$195,000, \$231,000 and \$265,000, respectively, for the years ended December 31, 2009, 2008 and 2007. In connection with the financing, the Company incurred issuance costs of \$6.0 million, which were capitalized and are being amortized over five years.

2004 Notes

On April 29, 2004, the Company, through a newly formed Delaware statutory business trust (the Trust), completed the private placement of \$15.0 million aggregate issuance amount of floating rate trust preferred securities with an aggregate liquidation value of \$15.0 million (the Trust Preferred Securities). The Trust invested the \$15.0 million proceeds from the sale of the Trust Preferred Securities, together with the proceeds from the issuance to the Company by the Trust of its floating rate common securities of \$470,000 (the Common Securities and, collectively with the Trust Preferred Securities, the 2004 Trust Securities), in an equivalent face amount of the Company s Floating Rate Junior Subordinated Notes due 2034 (the 2004 Notes). The 2004 Notes will mature on April 29, 2034, which date may be accelerated to a date not earlier than April 29, 2009. The 2004 Notes may be prepaid prior to April 29, 2009, at 107.5% of the principal amount thereof, upon the occurrence of certain events, and thereafter at 100.0% of the principal amount thereof. The 2004 Notes, which constitute the sole assets of the Trust, are subordinate and junior in right of payment to all senior indebtedness (as defined in the Indenture, dated April 29, 2004, governing the terms of the 2004 Notes) of the Company. The 2004 Notes accrue interest at a floating rate equal to three-month LIBOR plus 3.50%, payable quarterly on February 15, May 15, August 15 and November 15 of each year. The quarterly distributions on the 2004 Trust Securities are paid at the same interest rate paid on the 2004 Notes. In connection with the financing, the Company incurred issuance costs of approximately \$400,000, which were capitalized and are being amortized over five years.

The Company has fully and unconditionally guaranteed the payment by the Trust of distributions and other amounts payable under the Trust Preferred Securities. The Trust must redeem the 2004 Trust Securities when the 2004 Notes are paid at maturity or upon any earlier prepayment of the 2004 Notes. Under the provisions of the 2004 Notes, the Company has the right to defer payment of the interest on the 2004 Notes at any time, or from time to time, for up to twenty consecutive quarterly periods. If interest payments on the 2004 Notes are deferred, the distributions on the 2004 Trust Securities will also be deferred.

Student Loan Credit Facility

Prior to February 1, 2007, the Company funded its student loan commitments with the proceeds from a secured student loan credit facility. Indebtedness outstanding under the student loan credit facility is represented by Student Loan Asset-Backed Notes (the SPE Notes), which were issued by a bankruptcy-remote special purpose entity (the SPE) and secured by alternative (*i.e.*, non-federally guaranteed) student loans and accrued. At December 31, 2009 and 2008, the carrying amount of student loans and accrued interest pledged to secure payment of student loan indebtedness was \$70.8 million and \$80.5 million, respectively. Additionally, at December 31, 2009 and 2008, the Company held cash, cash equivalents and other qualified investments of \$6.6 million and \$5.9 million, respectively, pledged to secure payment of student loan indebtedness. See Note 5 of Notes to Consolidated Financial Statements for additional information regarding student loans.

The SPE Notes represent obligations solely of the SPE, and not of the Company or any other subsidiary of the Company. The student loan credit facility has been classified as a financing activity as opposed to a sale, and accordingly, the Company recorded no gain on sale of the assets transferred to the SPE.

The SPE Notes were issued by the SPE in three tranches: \$50.0 million of Series 2001A-1 Notes (the Series 2001A-1 Notes), \$50.0 million of Series 2001A-2 Notes (the Series 2001A-2 Notes) issued on April 27, 2001 and \$50.0 million of Series 2002A Notes (the Series 2002A Notes) issued on April 10, 2002. The interest rate on each series of SPE Notes resets monthly in a Dutch auction process.

F-48

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

The Series 2001A-1 Notes and Series 2001A-2 Notes have a final stated maturity of July 1, 2036; the Series 2002A Notes have a final stated maturity of July 1, 2037. However, the SPE Notes are subject to mandatory redemption in whole or in part (a) on the first interest payment date which is at least 45 days after February 1, 2007, from any monies then remaining on deposit in the acquisition fund not used to purchase additional student loans, and (b) on the first interest payment date which is at least 45 days after July 1, 2005, from any monies then remaining on deposit in the acquisition fund received as a recovery of the principal amount of any student loan securing payment of the SPE Notes, including scheduled, delinquent and advance payments, payouts or prepayments. Beginning July 1, 2005, the SPE Notes were also subject to mandatory redemption in whole or in part on each interest payment date from any monies received as a recovery of the principal amount of any student loan securing payment of the SPE Notes, including scheduled, delinquent and advance payments, payouts or prepayments. During 2009 and 2008, the Company made principal payments of \$8.7 million and \$11.4 million, respectively, on the SPE Notes.

The SPE and the secured student loan credit facility were structured with an expectation that interest and recoveries of principal to be received would be sufficient to pay principal of and interest on the SPE Notes when due, together with operating expenses of the SPE. This expectation was based upon analysis of cash flow projections, and assumptions regarding the timing of the financing of the underlying student loans to be held by the SPE the future composition of and yield on the financed student loan portfolio, the rate of return on monies to be invested by the SPE, and the occurrence of future events and conditions. There can be no assurance, however, that the student loans will be financed as anticipated, that interest and principal payments from the financed student loans will be received as anticipated, that the reinvestment rates assumed on the amounts in various funds and accounts will be realized, or other payments will be received in the amounts and at the times anticipated.

10. DERIVATIVES

At the effective date of the Merger, an affiliate of The Blackstone Group assigned to the Company three interest rate swap agreements with an aggregate notional amount of \$300.0 million. The terms of the swaps were 3, 4 and 5 years beginning on April 11, 2006. HealthMarkets uses such interest rate swaps, as part of its risk management activities to protect against the risk of changes in prevailing interest rates adversely affecting future cash flows associated with certain debt. As with any financial instrument, derivative instruments have inherent risks, primarily market and credit risk. Market risk associated with changes in interest rates is managed as part of the Company s overall market risk monitoring process by establishing and monitoring limits as to the degree of risk that may be undertaken. Credit risk occurs when a counterparty to a derivative contract, in which the Company has an unrealized gain, fails to perform according to the terms of the agreement. The Company minimizes its credit risk by entering into transactions with counterparties that maintain high credit ratings. During 2009, the 3 year swap matured and, at December 31, 2009, the Company held two interest rate swap agreements with an aggregate notional amount of \$200.0 million.

At the effective date of the Merger, the interest rate swaps had an aggregate fair value of approximately \$2.0 million, which was recorded in Additional paid-in capital on the Company's consolidated balance sheet. At December 31, 2009 and 2008, the Company valued its interest rate swaps using a third party, and employed control procedures to validate the reasonableness of valuation estimates obtained. Additionally, in assessing the fair value of its interest rate swaps, the Company considered the current interest rates and the current creditworthiness of the

Table of Contents 213

F-49

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

counterparties, as well as the current creditworthiness of HealthMarkets, as applicable. The table below represents the fair values of the Company s derivative assets and liabilities as of December 31, 2009 and 2008:

	Ass	set Deriva Dece	ntives mber 31,	Liabilit	ity Derivatives December 31,			
	Balance Sheet Location	2009 Fair Value	2008 Fair Value	Balance Sheet Location (In thousands)	2009 Fair Value	2008 Fair Value		
Derivatives designated as hedging instruments under ASC 815 Interest rate swaps		\$	\$	Other liabilities	\$ 8,766	\$ 13,538		
Total derivatives		\$	\$	Other natimites	\$ 8,766	\$ 13,538		

In accordance with ASC 820, the fair values of the Company s interest rate swaps are also contained in Note 3 of Notes to Consolidated Financial Statements.

The swap agreements are designed as hedging instruments. The Company originally established the hedging relationship on April 11, 2006, to hedge the risk of changes in the Company s cash flow attributable to changes in the LIBOR rate applicable to its variable-rate term loan. At the inception of the hedging relationship, the interest rate swaps had an aggregate fair value of approximately \$2.6 million. At December 31, 2006, the Company prepared its quarterly assessment of hedge effectiveness and determined that the three interest rate swaps were not highly effective for the period. The Company terminated the hedging relationships as of October 1, 2006, the beginning of the period of assessment. In February 2007, the Company redesignated the hedging relationship to again hedge the risk of changes in the its cash flow attributable to changes in the LIBOR rate applicable to its variable-rate term loan.

In preparing its assessment of the hedge effectiveness at December 31, 2009, 2008 and 2007, there were no components of the derivative instruments that were excluded from the Company s assessment. Additionally, HealthMarkets does not expect the ineffectiveness related to its hedging activity to be material to the Company s financial results in the future. The table below represents the effect of derivative instruments in hedging relationships on the Company s consolidated statements of income (loss) for the years ended December 31, 2009, 2008 and 2007:

	Amount of Interest		Amount of
	Expense (Income)		(Gain) Loss
	Reclassified from		Recognized in
Location of	Accumulated OCI into	Location of	Income on

	Amount of Gain (Loss) Recognized in OCI on Derivative (Effective Portion)			Gain (Loss) (Effective		ome (Expensective Portio		(Gain) Loss (Ineffective		Derivative fective Poi	
	2009	2008	2007	Portion)	2009 (In t	2008 housands)	2007	Portion)	2009	2008	200
st	\$ 7,399	\$ (5,022)	\$ (6,995)	Interest expense	\$ (9,139)	\$ (3,995)	\$ 1,023	Investment income	\$ (650)	\$ (742)	\$ (6
					F-5	0					

rest

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

During 2009 and 2008, the Company did not have any derivative instruments not designated as hedging instruments. The table below represents the effect of derivative instruments not designated as hedging instruments on the Company s statements of income (loss) for the years ended December 31, 2009, 2008 and 2007:

	Location of				
	Gain (Loss)				
		An	nount of Gain	(Loss)	
	Recognized in		Recognized	in	
	Income on	Income on Derivatives			
	Derivative	2009	2008	20	007
			(In thousand	ds)	
Interest rate swaps	Realized gains, net	\$	\$	\$	25

At December 31, 2009, Accumulated other comprehensive income (loss) included a deferred after-tax net loss of \$4.6 million related to the interest rate swaps of which \$520,000 (\$338,000 net of tax) is the remaining amount of loss associated with the previous terminated hedging relationship. This amount is expected to be reclassified into earnings in conjunction with the interest payments on the variable rate debt through April 2011, of which \$387,000 is expected to be reclassified into earnings within the next twelve months.

11. GRAPEVINE

On August 3, 2006, Grapevine Finance LLC (Grapevine) was incorporated in the State of Delaware as a wholly owned subsidiary of HealthMarkets, LLC. On August 16, 2006, MEGA distributed and assigned to HealthMarkets, LLC, as a dividend in kind, which consisted of a \$150.8 million note receivable that HealthMarkets, LLC had received from a unit of the CIGNA Corporation as consideration for the receipt of the former Star HRG assets (the CIGNA Note) and a related guaranty agreement pursuant to which the CIGNA Corporation unconditionally guaranteed the payment when due of the CIGNA Note (the Guaranty Agreement). After receiving the assigned CIGNA Note and Guaranty Agreement from MEGA, HealthMarkets, LLC, in turn, assigned the CIGNA Note and Guaranty Agreement to Grapevine.

On August 16, 2006, Grapevine issued \$72.4 million of its senior secured notes (the Grapevine Notes) to an institutional purchaser. The net proceeds from the Grapevine Notes of \$71.9 million were distributed to HealthMarkets, LLC. The Grapevine Notes bear interest at an annual rate of 6.712%. The interest is to be paid semi-annually on January 15th and July 15th of each year beginning on January 15, 2007. The principal payment is due at maturity on July 15, 2021. The Grapevine Notes are collateralized by Grapevine s assets including the CIGNA Note. Grapevine services its debt primarily from cash receipts from the CIGNA Note. All cash receipts from the CIGNA Note are paid into a debt service coverage account maintained and held by an institutional trustee (the Grapevine Trustee) for the benefit of the holder of the Grapevine Notes. Pursuant to an indenture and direction notices from Grapevine, the Grapevine Trustee uses the proceeds in the debt service coverage account to (i) make interest payments on the Grapevine Notes, (ii) pay for certain Grapevine expenses and (iii) distribute cash to HealthMarkets,

subject to satisfaction of certain restricted payment tests.

On November 1, 2006, the Company s investment in Grapevine was reduced by the receipt of cash from Grapevine of \$72.4 million. At December 31, 2009 and 2008, the Company s investment in Grapevine, at fair value, was \$5.2 million and \$6.0 million, respectively, which was recorded in Fixed maturities on the consolidated balance sheets. The Company measures the fair value of its residual interest in Grapevine using a present value of future cash flows model incorporating the following two key economic assumptions: (1) the timing of the collections of interest on the CIGNA Note, payments of interest expense on the senior secured notes and payment of other administrative expenses and (2) an assumed yield observed on a comparable CIGNA bond. Variations in the fair value could occur due to changes in the prevailing interest rates and changes in the counterparty credit rating of debtor. Using a sensitivity analysis model assuming a 100 basis point increase and a 150 basis point increase in interest rates at December 31, 2009, the fair market value on the Company s investment in Grapevine would have decreased approximately \$469,000 and \$684,000, respectively.

F-51

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

The Company includes its investment in Grapevine in Fixed maturities on the consolidated balance sheets. Grapevine is a non-consolidated qualifying special-purpose entity (QSPE), as defined in SFAS No. 140, Accounting for Transfers and Servicing of Financial Assets and Extinguishments of Liabilities (SFAS No. 140), which was codified into FASB ASC Topic 860, Transfers and Servicing (ASC 860). As a QSPE, the Company does not consolidate the financial results of Grapevine and, instead, accounts for its residual interest in Grapevine as an investment in fixed maturity securities pursuant to EITF No. 99-20, Recognition of Interest Income and Impairment on Purchased Beneficial Interests and Beneficial Interests That Continue to Be Held by a Transferor in Securitized Financial Assets, which was codified into FASB ASC Topic 325, Investments Other, 40, Beneficial Interests in Securitized Financial Assets (ASC 325-40). See Note 11 of Notes to Consolidated Financial Statements.

In January 2010, the FASB issued ASU No. 2009-16, *Accounting for Transfers of Financial Assets and Servicing Assets and Liabilities* (ASU 2009-16), which provides amendments to ASC 860. ASU 2009-16 incorporates the amendments to SFAS No. 140 made by SFAS No. 166, *Accounting for Transfers of Financial Assets an amendment of SFAS No. 140*, into the FASB ASC. ASU 2009-16 provides greater transparency about transfers of financial assets and limits the circumstances in which a financial asset, or portion of a financial asset, should be derecognized when the entire financial asset has not been transferred to a non-consolidated entity, and requires that all servicing assets and servicing liabilities be initially measured at fair value. Additionally, ASU 2009-16 eliminates the concept of a QSPE and removes the exception from applying FASB Interpretation No. 46 (revised December 2003), *Consolidation of Variable Interest Entities*, to QSPEs. This guidance is effective for annual and interim periods beginning after November 15, 2009. The Company has not yet determined the impact that the adoption of this guidance will have on its financial position and results of operations.

F-52

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

12. FEDERAL INCOME TAXES

Deferred income taxes for 2009 and 2008 reflect the impact of temporary differences between the financial statement carrying amounts and tax bases of assets and liabilities. Deferred tax liabilities and assets consist of the following:

	Decen	iber 31,
	2009	2008
	(In the	ousands)
Deferred tax liabilities:		
Deferred policy acquisition and loan origination	\$ 19,767	\$ 21,287
Depreciable and amortizable assets	13,428	14,474
Unrealized gains on securities	2,561	,
Gain on installment sales of assets	54,767	56,442
Total gross deferred tax liabilities	90,523	92,203
Deferred tax assets:		
Litigation accruals	2,362	2,771
Policy liabilities	14,314	16,931
Unrealized losses on securities		22,600
Invested assets	3,047	7,732
Compensation accrual	10,185	13,271
Other	8,637	5,403
Total gross deferred tax assets	38,545	68,708
Less: valuation allowance		
Deferred tax assets	38,545	68,708
Net deferred tax liability	\$ (51,978)	\$ (23,495)

The Company establishes a valuation allowance when management believes, based on the weight of the available evidence, that it is more likely than not that all or some portion of the deferred tax asset will not be realized. Realization of the net deferred tax asset is dependent on generating sufficient future taxable income. The Company believes that it is more likely than not that deferred tax assets will be realizable in future periods.

For tax purposes, the Company realized capital gains from the 2006 sales of the Student Insurance Division and the Star HRG Division in the aggregate of \$228.4 million, of which \$66.2 million was recognized on the installment basis. Deferred taxes of \$54.8 million will be payable on the deferred gains of \$156.5 million as the Company

receives payment on the CIGNA Note received in consideration for the sale of the Star HRG Division assets and on the UHG Note received in consideration for the sale of the Student Insurance Division assets (see Note 20 of Notes to Consolidated Financial Statements).

F-53

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

The provision for income tax expense (benefit) consisted of the following:

	For the Year Ended Decem 2009 2008				mber 31, 2007	
			(In	thousands)		
From operations:						
Continuing operations:						
Current tax expense	\$	8,353	\$	15,454	\$	37,938
Deferred tax expense (benefit)		3,323		(47,163)		11,745
Total from continuing operations		11,676		(31,709)		49,683
Discontinued operations:						
Current tax expense (benefit)		88		116		425
Deferred tax expense (benefit)						
Total from discontinued operations		88		116		425
Total	\$	11,764	\$	(31,593)	\$	50,108

The Company s effective income tax rates applicable to continuing operations varied from the maximum statutory federal income tax rate as follows:

	For the Year Ended December 31,				
	2009	2008	2007		
Statutory federal income tax rate	35.0%	35.0%	35.0%		
Small life insurance company deduction			(0.3)		
Low income housing credit	(1.4)	1.1	(0.8)		
Tax basis adjustment of assets sold		(0.9)			
Nondeductible monetary assessments and penalties	3.6		5.9		
Nondeductible expenses, other	3.5	(1.1)	1.0		
Nondeductible amortization of merger debt costs	3.6	(1.2)	1.4		
Tax exempt income	(7.0)	3.2	(2.1)		
Tax uncertainties	2.5	(0.3)	0.3		
Prior tax accrual	0.1	1.3	1.3		
Effective income tax rate applicable to continuing operations	39.9%	37.1%	41.7%		

As further discussed in Note 18 of Notes to Consolidated Financial Statements, the Company paid monetary assessments or penalties that are non-deductible for tax purposes. The litigation filed by the Massachusetts Attorney General on behalf of the Commonwealth of Massachusetts, settled in 2009, resulted in penalty assessments in the aggregate of \$3.0 million. During 2007, the Company recognized a \$20.0 million expense associated with the settlement of a multi-state market conduct examination.

The Company and its corporate subsidiaries file a consolidated federal income tax return. The primary form of state taxation is the tax on collected premiums. The few states that impose an income tax generally allow the income tax to be used as a credit against its premium tax obligation. Therefore, any state income taxes are accounted for as premium taxes for financial reporting purposes.

F-54

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

A reconciliation of the beginning and ending amount of unrecognized tax benefits is as follows:

	Decemb 2009 (In thous		
Gross unrecognized tax benefits, January 1, Additions for tax positions of prior year Prior year tax positions settled during year	\$ 731 (731)	\$ 1,577 (1,577)	
Gross unrecognized tax benefits, December 31,	\$	\$	

In February 2010, the Company settled an examination of the 2006 and 2007 tax years with the Internal Revenue Service which required a correction of a deduction at a tax cost of \$454,000. Additional interest due on the previous 2003 and 2004 examination of \$277,000 was settled and paid during 2009. In February of 2008, the Company resolved its outstanding uncertain tax positions related to the 2003 and 2004 tax years with the Internal Revenue Service. The items were settled in amounts materially consistent with the established liabilities for these matters. All years after 2007 remain subject to federal tax examination. Based on an evaluation of tax positions, the Company has concluded that there are no other significant tax positions that require recognition in its consolidated financial statements.

13. STOCKHOLDERS EQUITY

The following table is a reconciliation of the number of shares of the Company s common stock for the years ended December 31, 2009, 2008 and 2007:

	For the Year Ended December 31,					
	2009	2008	2007			
Common stock issued:						
Balance, beginning of year	31,026,166	30,952,266	30,020,960			
Exercise of stock options			102,605			
Issued to officers, directors and agents	608,309	73,900	828,701			
Balance, end of year	31,634,475	31,026,166	30,952,266			
Treasury stock:						
Balance, beginning of year	1,397,645	429,944	98,861			
Purchases of treasury stock:						
Repurchase of shares from agents and officers	1,087,052	1,842,459	950,169			

Dispositions of treasury stock:

Issuance upon vesting in agent plans Issue to officers, directors, and agents	(365,278) (659,189)	(372,782) (501,976)	(101,908) (517,178)
Balance, end of year	1,460,230	1,397,645	429,944
Shares outstanding, end of year	30,174,245	29,628,521	30,522,322

The Company s Board of Directors determines the prevailing fair market value of HealthMarkets Class A-1 and A-2 common stock in good faith, considering factors it deems appropriate. Since the de-listing of the Company s stock in 2006, the Company has generally retained several independent investment firms to value its common stock on an annual basis, or more frequently if circumstances warrant. When setting the fair market value of the Company s common stock for the annual valuation, the Board considers, among other factors it deems

F-55

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

appropriate, each independent investment firm valuation for reasonableness in light of known and expected circumstances. For quarterly valuations other than the annual valuation, the Board considers, among other factors it deems appropriate, earnings per share for that particular quarter. At December 31, 2009 and 2008, the fair market value of the Company s Class A-1 and A-2 common stock, as determined by the Board of Directors, was \$19.75 and \$19.00, respectively.

On May 3, 2007, the Company s Board of Directors declared a special cash dividend of \$10.51 per share for Class A-1 and Class A-2 common stock to holders of record as of close of business on May 9, 2007, payable on May 14, 2007. In connection with the special cash dividend, the Company paid dividends to stockholders in the aggregate of \$317.0 million.

Effective February 25, 2010, the Board of Directors of HealthMarkets, Inc. declared a special cash dividend in the amount of \$3.94 per share for Class A-1 and Class A-2 common stock to holders of record as of the close of business on March 1, 2010, payable on March 9, 2010. As a result, the Company paid dividends to stockholders in the aggregate of \$120.3 million.

Generally, the total stockholders—equity of domestic insurance company subsidiaries (as determined in accordance with statutory accounting practices) in excess of minimum statutory capital requirements is available for transfer to the parent company, subject to the tax effects of distribution from the policyholders—surplus account. The minimum aggregate statutory capital and surplus requirements of the Company—s principal domestic insurance company subsidiaries was \$57.6 million at December 31, 2009, of which minimum surplus requirements for MEGA, Mid-West, Chesapeake and HealthMarkets Insurance were \$29.9 million, \$11.1 million, \$8.0 million and \$8.6 million, respectively.

Prior approval by insurance regulatory authorities is required for the payment by a domestic insurance company of dividends that exceed certain limitations based on statutory surplus and net income. During 2009, 2008 and 2007, the domestic insurance companies paid dividends of \$68.8 million, \$249.6 million (including the \$110.0 million extraordinary dividend) and \$171.2 million (including the \$100.0 million extraordinary dividend), respectively, to their parent company, HealthMarkets, LLC. During 2010, the Company s domestic insurance companies are eligible to pay aggregate dividends in the ordinary course of business to HealthMarkets, LLC of approximately \$97.9 million without prior approval by statutory authorities.

An extraordinary cash dividend of \$75.0 million payable from MEGA to HealthMarkets, LLC was deemed approved by the Oklahoma Department of Insurance effective December 24, 2008. On December 17, 2008, the Texas Department of Insurance approved an extraordinary dividend of \$35.0 million payable from Mid-West to HealthMarkets, LLC. Such dividends were paid to HealthMarkets, LLC on December 31, 2008.

Combined net income and stockholders equity for the Company s domestic insurance company subsidiaries determined in accordance with statutory accounting practices, as reported in regulatory filings are as follows:

For the Year Ended December 31, 2009 2008 2007

(In thousands)

 Net income
 \$ 97,923
 \$ 16,785
 \$ 124,747

 Statutory surplus
 \$ 325,731
 \$ 298,616
 \$ 453,066

F-56

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Comprehensive Income (Loss)

	For the Year Ended December 31, 2009 2008 2007 (In thousands)						
Net income (loss) Other comprehensive income (loss): Unraplicad gains (losses) on accounities available for sale enising during the	\$	17,724	\$	(53,455)	\$	70,159	
Unrealized gains (losses) on securities available for sale arising during the period Reclassification for investment (gains) losses included in net income		62,939		(37,147)		6,935	
(loss) Other-than-temporary impairment losses recognized in OCI		1,830 (281)		(2,158)		(872)	
Effect on other comprehensive income (loss) from investment securities		64,488		(39,305)		6,063	
Unrealized gains (losses) on derivatives used in cash flow hedging during the period Reclassification adjustments included in net income (loss)		(2,390) 9,789		(9,760) 4,738		(6,668) (327)	
Effect on other comprehensive income from hedging activities		7,399		(5,022)		(6,995)	
Other comprehensive income (loss), before tax Income tax expense (benefit) related to items of other comprehensive		71,887		(44,327)		(932)	
income (loss)		25,161		(15,489)		(352)	
Other comprehensive income (loss), net of tax	Φ	46,726	Φ.	(28,838)	ф	(580)	
Comprehensive income (loss)	\$	64,450	\$	(82,293)	3	69,579	

14. AGENT STOCK ACCUMULATION PLANS

As of December 31, 2009, the Company sponsored a series of stock accumulation plans (the Agent Plans) established for the benefit of the independent contractor insurance agents and independent contractor sales representatives associated with the Company.

The Agent Plans generally combine an agent-contribution feature and a Company-match feature. The agent-contribution feature generally provides that eligible participants are permitted to allocate a portion of their commissions or other compensation earned on a monthly basis (subject to prescribed limits) to purchase shares of HealthMarkets Class A-2 common stock at the fair market value of such shares at the time of purchase. Under the Company-match feature of the Agent Plans, participants are eligible to have posted to their respective Agent Plan

accounts, book credits in the form of equivalent shares based on the number of shares of HealthMarkets Class A-2 common stock purchased by the participant under the agent-contribution feature of the Agent Plans. The matching credits vest over time (generally in prescribed increments over a ten-year period, commencing the plan year following the plan year during which contributions are first made under the agent-contribution feature), and vested matching credits in a participant s plan account in January of each year are converted from book credits to an equivalent number of shares of HealthMarkets Class A-2 common stock. Matching credits forfeited by participants are reallocated each year among eligible participants and credited to eligible participants. Agent Plan accounts.

The Agent Plans do not constitute as qualified plans under Section 401(a) of the Internal Revenue Code of 1986 or employee benefit plans under the Employee Retirement Income Security Act of 1974 (ERISA), and, as such, the Agent Plans are not subject to the vesting, funding, nondiscrimination and other requirements imposed on such plans by the Internal Revenue Code and ERISA.

F-57

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

The following table sets forth the total compensation expense and tax benefit associated with the Company s Agent Plans for the years ended December 31, 2009, 2008 and 2007:

	For the Year Ended December 31,				
	2009	(In t	2008 housands)	2007	
Insurance segment expense Corporate (benefit) expense	\$ 3,977 858	\$	3,912 (6,758)	\$ 9,019 (482)	
Total Agent Plan compensation (benefit) expense Related tax benefit (expense)	4,835 1,692		(2,846) (996)	8,537 2,988	
Net (benefit) expense	\$ 3,143	\$	(1,850)	\$ 5,549	

The portion of compensation expense reflected in the Insurance segment relates to the prevailing valuation of the Class A-2 common shares on or about the time the unvested matching credits are granted to participants. The remaining portion of compensation expense associated with the Agent Plans (consisting of variable stock-based compensation expense) is reflected in the results of the Corporate business segment.

The liability for matching credits is based on (i) the number of unvested credits, (ii) the prevailing fair market value of the Class A-2 common stock as determined by the Company s Board of Directors (see Note 13 of Notes to Consolidated Financial Statements) and (iii) an estimate of the percentage of the vesting period that has elapsed. At December 31, 2009, the Company recorded a liability for 956,571 unvested matching credits payable under the Agent Plans of \$14.1 million, of which 346,855 vested in January 2010. Upon vesting, the Company recorded a decrease in Additional paid in capital of \$1.4 million, a decrease in Treasury stock of \$8.3 million, and a decrease in Other liabilities of \$6.9 million. At December 31, 2008, the Company recorded a liability of \$16.2 million for 1,166,663 unvested matching credits, of which 362,711 vested in January 2009. Upon vesting, the Company recorded a decrease in Additional paid-in capital of \$5.8 million, a decrease in Treasury shares of \$12.7 million, and a decrease in Other liabilities of \$6.9 million.

The accounting treatment of the Company s Agent Plans result in unpredictable stock-based compensation charges, dependent upon fluctuations in the fair market value of the Company s Class A-2 common stock, as determined by the Company s Board of Directors. In periods of decline in the fair market value of HealthMarkets Class A-2 common stock, the Company will recognize less stock-based compensation expense than in periods of appreciation. In addition, in circumstances where increases in the fair market value of the Company s Class A-2 common stock are followed by declines, negative stock-based compensation expense may result as the cumulative liability for unvested stock-based compensation expense is adjusted.

In connection with the reorganization of the Company s agent sales force into an independent career-agent distribution company, and the launch of Insphere, effective January 1, 2010, the Agent Plans were superseded and replaced by the

HealthMarkets, Inc. InVest Stock Ownership Plan (the ISOP), in which eligible insurance agents and a limited number of eligible employees may participate. Accounts under the predecessor agent stock plans were transferred to the ISOP. Several features of the ISOP differ in certain material respects from the predecessor agent stock plans, including, but not limited to, plan participation by designated eligible employees and the elimination of the reallocation of forfeited matching account credits after June 30, 2010.

15. EMPLOYEE 401(k) AND STOCK PLANS

HealthMarkets 401(k) and Savings Plan

The Company maintains the HealthMarkets 401(k) and Savings Plan (the Employee Plan) for the benefit of its employees. The Employee Plan enables employees to make pre-tax contributions to the Employee Plan (subject

F-58

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

to overall limitations) and to receive discretionary matching contributions made by the Company. Contributions funded by the Company currently vest in prescribed increments over a six year period.

Three key provisions of the Employee Plan were amended during 2008 as follows: (i) the supplemental contribution was suspended in April 2008 and is now discretionary, (ii) the matching contribution was increased from 50% to 100% of an employee s pre-tax contribution, up to 6% and (iii) an automatic enrollment feature was added in June of 2008.

In accordance with the terms of the Employee Plan during 2009, 2008 and 2007, the Company made supplemental contributions of \$-0-, \$1.0 million and \$3.0 million, respectively, and matching contributions of \$3.8 million, \$4.6 million and \$2.0 million, respectively.

Employee Stock Plans

At December 31, 2009, the Company had various share-based plans for employees and directors, which are described below. Set forth below are amounts recognized in the financial statements with respect to these plans.

	For the Year Ended December 2009 2008 (In thousands)					
Amounts included in reported financial results:						
Total cost of stock option plans(1)	\$ 3	3,735	\$ 4,543	\$	5,828	
Total cost of other stock-based compensation(2)	5	5,517	1,126		1,503	
Amount charged against income, before tax	Ģ	9,252	5,669		7,331	
Related tax benefit	3	3,238	1,984		2,566	
Net expense included in financial results	\$ 6	5,014	\$ 3,685	\$	4,765	

- (1) 2007 includes \$1.9 million as a result of modifications to stock options in connection with the special cash dividend.
- (2) Includes restricted stock and phantom stock plans.

The Company presented \$1.7 million and \$578,000 of tax shortfalls in 2009 and 2008, respectively, and \$313,000 of excess tax benefits in 2007 from share-based compensation as cash from financing activities.

1987 Stock Option Plan

The Company terminated the 1987 Stock Option Plan during 2009. There were no options outstanding under the plan when it was terminated.

HealthMarkets 2006 Management Option Plan

In accordance with the Second Amended and Restated HealthMarkets 2006 Management Option Plan (the 2006 Plan), options to purchase up to an aggregate of 4,589,741 shares of the Company s Class A-1 common stock may be granted from time to time to officers, employees and non-employee directors of the Company. In 2009 the 2006 Plan was modified to (1) include the ability to grant restricted stock awards and restricted stock units and (2) to increase the number of the shares issuable under the 2006 Plan, the number of shares that may be granted as incentive stock options in each case by 1,350,000, from 3,239,741 to 4,589,741. Share requirements may be met from either unissued or treasury shares. The number of shares available includes 1,350,000 additional shares authorized at a special meeting of stockholders held December 1, 2009.

Non-qualified options to purchase shares of Class A-1 common stock have been granted under the 2006 Plan to employees (the Employee Options) and non-employee directors (the Director Options). One-third of the

F-59

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Employee Options vest in 20% increments over five years with an exercise price equal to the fair value per share at the date of grant (the Time-Based Options). One-third of the Employee Options vest in increments of 25%, 25%, 17%, 17% and 16% over five years, provided that the Company shall have achieved certain annually specified performance targets, with an exercise price equal to the fair market value on the date of grant (the Performance-Based Options). With respect to the Performance-Based Options, the Company recognized expense for the particular increment that is vesting, over the period of service based on the service inception date, period end fair value and the probability of achieving the performance criteria. Any Performance-Based Options for which an optionee does not earn the right to exercise in any year shall expire and terminate. The remaining one-third of the Employee Options vest in increments of 25%, 25%, 17%, 17% and 16% over five years with an initial exercise price equal to the fair market value at the date of grant. The exercise price increases 10% each year beginning on the second anniversary of the grant date and ending on the fifth anniversary of the grant date (the Increasing Exercise Price Options). Director Options vest in 20% increments over five years. Director Options and Employee Options, expire ten years following the grant date and become immediately exercisable upon the occurrence of a Change of Control (as defined in the 2006 Plan) if the optionee remains in the continuous employ of the Company until the date of the consummation of such Change in Control.

During 2008, non-qualified options to purchase shares of Class A-1 common stock were granted under the 2006 Plan to certain newly-hired executive officers of the Company (the Executive Options). The Executive Options generally consist of time-based options, which vest over periods ranging from three to five years, and performance-based options, which become exercisable only upon the achievement by the Private Equity Investors and their respective affiliates of certain return-based goals on their investments in the Company. The initial exercise price is equal to the fair market value at the date of grant; however, some of the Executive Options provide that the initial exercise price for a portion of the options will accrete at a rate of 10% per year. In such cases, some of the time-based options (the Executive Time-Based Options) and some of the performance-based options (the Executive Performance-Based Options) will remain exercisable at the initial exercise price for the duration of the option. The exercise price of the remaining time-based options (the Executive Increasing Exercise Price Options) and the remaining performance-based options (the Executive Increasing Exercise Price Performance Options) will increase 10% each year beginning on the first anniversary of the grant date and ending on the fifth anniversary of the grant date. The Executive Options expire ten years following the grant date. The Executive Time-Based Options and the Executive Increasing Exercise Price Options become immediately exercisable upon the occurrence of a Change of Control (as defined in the 2006 Plan) if the optionee remains in the continuous employ of the Company until the date of the consummation of such Change of Control. The Executive Performance-Based Options and the Executive Increasing Exercise Price Performance Options will not become exercisable upon a Change of Control but may remain in effect following a Change in Control under certain specific circumstances.

On September 8, 2009, the Company entered into new employment agreements with certain executive officers of the Company. In connection with their entry into these new employment agreements, the executives agreed to forfeit 1,315,000 stock options previously granted to them and the Company granted 810,640 new stock options and 836,502 new performance-based restricted share awards (Restricted Shares). The new stock option awards vest quarterly over a five year period with 30% of the award vesting by the first anniversary of June 4, 2009, 20% vesting by the second, third, and fourth anniversary of June 4, 2009, and 10% vesting by the fifth anniversary of June 4, 2009. The Restricted Shares vest, subject to the achievement of certain performance goals. Once these goals are achieved the Restricted Shares vest on the same schedule as the stock options. On March 4, 2010, the performance goals related to the

Restricted Shares were achieved. The Company will recognize \$11.9 million of incremental compensation expense related to the modification of the Executive Options over the life of these options and Restricted Shares.

As discussed above, on February 25, 2010, the Board of Directors of HealthMarkets, Inc. (the Board) declared a special cash dividend in the amount of \$3.94 per share for Class A-1 and Class A-2 common stock to holders of record as of the close of business on March 1, 2010, payable on March 9, 2010. To prevent a dilution in

F-60

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

the rights of participants in the 2006 Plan, the Board of Directors of the Company also approved an adjustment to options granted under the 2006 Plan pursuant to which the exercise price of the options would be reduced by \$3.94 per share, which is the amount of such dividend.

Set forth below is a summary of stock option transactions including certain information with respect to the Performance-Based Options for which no performance goals have been established.

Options Outstanding for Accounting (Excludes Options with no Performance

	(<u></u>	Criteria) AverageAggregate			Perform	Combined Total			
	Number	Option Price	Intrin Valu	s R emaining	Number	Option Price	Intrin Valu	s R emaining e	Number
	of	per	(\$) in	Contractual	of	per	(\$) in	Contractual	of
	Shares	Share (\$)	(000	s) Term	Shares	Share (\$)	(000	s) Term	Shares
Outstanding options at									
December 31,2008	2,057,969	30.82		8.1	125,288	29.49		8.7	2,183,257
Granted	1,079,640	19.29			134,500	19.06			1,214,140
Performance defined	35,780	29.63			(35,780)	29.63			
Expired	(110,395)	31.30							(110,395)
Cancelled Exercised	(1,625,207)	31.09			(50,034)	23.74			(1,675,241)
Outstanding options at December 31, 2009	1,437,787	22.51	672	2 8.6	173,974	23.04	101	8.7	1,611,761
Options exercisable at December 31,									
2009 Options expected to	387,963	26.96	70	6.5					387,963
vest	1,347,592	22.43	621	8.6	130,481	23.04	76	8.7	1,478,073

⁽a) Includes future vesting increments of Performance-Based Options currently not considered granted and outstanding for accounting purposes.

F-61

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Set forth below is a summary of stock options (including future vesting increments of Performance-Based Options currently not considered granted and outstanding for accounting purposes) outstanding and exercisable at December 31, 2009:

		Options Out	tstanding	Options Exercisable			
	Outstanding Options	Weighted- Average	Weighted- Average	Exercisable Options	Weighted- Average		
	December 31,	Remaining Contractual	Exercise	December 31,	Exercise		
Exercise Prices	2009	Life	Price (\$)	2009	Price (\$)		
\$19.00 - \$19.37	1,152,140	9.6 years	19.28	121,597	19.37		
\$24.00 - \$24.00	87,500	6.9 years	24.00	33,830	24.00		
\$26.49 - \$26.49	78,026	3.5 years	26.49	62,931	26.49		
\$27.86 - \$27.86	88,120	6.3 years	27.86	57,644	27.86		
\$32.05 - \$32.05	39,083	2.7 years	32.05	34,214	32.05		
\$33.72 - \$35.00	86,692	7.3 years	34.28	40,326	34.00		
\$39.49 - \$40.97	52,796	7.4 years	40.06	23,753	40.06		
\$42.03 - \$42.03	666	7.9 years	42.03	299	42.03		
\$43.44 - \$44.24	20,336	7.3 years	43.76	10,168	43.76		
\$45.07 - \$46.23	6,402	7.6 years	45.13	3,201	45.13		
	1,611,761	8.5 years	22.57	387,963	26.96		

The Company measures the fair value of the Time-Based Options, Executive Time-Based Options, Performance-Based Options, Executive Performance-Based Options, and Director Options at the date of grant using a Black-Scholes option-pricing model. The Company measures fair value of the Increasing Exercise Price Options, the Executive Increasing Exercise Price Options, and the Executive Increasing Exercise Price Performance Options using a binomial option valuation model. The weighted-average grant-date fair value of stock options granted during 2009, 2008 and 2007 was \$10.20, \$14.85 and \$19.40 per option, respectively. Set forth below are the assumptions used in arriving at the fair value of options during 2009, 2008 and 2007.

	For the Year Ended December 31			
Black-Scholes Values	2009	2008	2007	
Expected volatility	47.96%	46.36%	38.52%	
Expected dividend yield	0.00%	0.00%	0.00%	
Risk-free interest rate	3.16%	3.42%	4.23%	
Expected life in years	7.05	5.91	6.64	

Weighted-average grant date fair value

\$ 10.20

\$ 15.15

\$ 20.72

	For the Year Ended December 31			
Binomial Values	2009	2008	2007	
Range of Expected volatility	45.19% - 65.51%	40.90% - 63.98%	39.70% - 43.97%	
Range of Expected dividend yield	0.00%	0.00%	0.00%	
Risk-free interest rate	2.71% - 3.46%	2.44% - 4.32%	3.81% - 4.94%	
Expected life in years	5.72 - 8.46	5.45 - 8.47	7.01-9.00	
Weighted-average grant date fair value	\$10.22	\$13.45	\$16.87	

Risk-free interest rates are derived from the U.S. Treasury strip yield curve in effect at the time of the grant. The expected life of the Executive Performance-Based Options and the Executive Increasing Exercise Price

F-62

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Performance Options was derived from the output of a Monte Carlo simulation technique. The expected life of all other options, valued with both the Black-Scholes and the binomial pricing models, was derived from output of a binomial model and represents the period of time that the options are expected to be outstanding. Binomial option pricing models incorporate ranges of assumptions for inputs, and those ranges are disclosed. Expected volatilities were calculated as one-third of the Company s historical volatility for the time period, plus one-third of the average historical volatility of comparable companies during the time period, plus one-third of average implied volatility of comparable companies. The Company utilized historical data to estimate share option exercise and employee departure behavior.

The total intrinsic value of options exercised during 2009, 2008 and 2007 was \$0 million, \$1.1 million and \$3.1 million, respectively. During 2009, the Company paid \$331,000 to settle options. At December 31, 2009, there was \$14.3 million of unrecognized compensation cost related to non-vested stock options. This compensation expense is expected to be recognized over a weighted average period of 3.8 years.

Restricted Stock

As discussed above in connection with the new executive employment agreements, in 2009, the Company issued an aggregate of 836,502 shares of Class A-1 performance-based restricted stock to selected officers with a weighted average price per share on the date of issuance of \$19.37. Until the lapse of restrictions, generally extending over a five-year period, all of such shares are subject to forfeiture if a grantee ceases to provide material services to the Company as an employee. Upon a change in control of the Company, the shares of restricted stock are no longer subject to forfeiture.

	Restricted Share Awards	Weighted Grant Date Fair Value		
Outstanding at 12/31/2008	40,901	33.01		
Granted	836,502	19.37		
Vested	(13,635)	33.01		
Forfeited				
Outstanding at 12/31/2009	863,768	\$ 19.80		

During 2009, the Company recorded compensation expense associated with restricted stock awards of \$4.0 million. At December 31, 2009, there was \$13.3 million of unrecognized compensation costs, which are expected to be recorded over an average period of 3.8 years.

Other Stock-Based Compensation Plans

At December 31, 2009, the Company had in place various stock-based incentive programs, pursuant to which the Company has agreed to distribute, in cash, an aggregate of the dollar equivalent of 200,000 HealthMarkets shares to eligible participants of each program. Distributions under the programs vary from 25% annual payments to 100% payment at the end of four years. During 2009, 2008 and 2007, the Company paid \$0.9 million, \$2.0 million and

\$2.9 million, respectively, under these plans. For financial reporting purposes, the Company recognizes compensation expense, adjusted to the value of HealthMarkets shares at each accounting period, over the required service period. At December 31, 2009 and 2008, the Company s liability for future benefits payable under the programs was \$2.6 million and \$2.0 million, respectively, and was recorded in Other liabilities on the consolidated balance sheets.

F-63

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

16. NET INCOME (LOSS) PER SHARE

The following table sets forth the computation of basic and diluted earnings (loss) per share for each of the years ended December 31, 2009, 2008 and 2007:

	For the Year Ended December 31,					
	(2009 (In thousan	ds exc	2008 cept per sha	re am	2007 ounts)
Income (loss) from continuing operations Income from discontinued operations	\$	17,562 162	\$	(53,671) 216	\$	69,370 789
Net income (loss) available to common shareholders	\$	17,724	\$	(53,455)	\$	70,159
Weighted average shares outstanding, basic Dilutive effect of stock options and other shares (see Note 15)		29,521 663		30,191		30,429 907
Weighted average shares outstanding, dilutive		30,184		30,191		31,336
Basic earnings (losses) per share: From continuing operations From discontinued operations	\$	0.59 0.01	\$	(1.78) 0.01	\$	2.28 0.03
Net income (loss) per share, basic	\$	0.60	\$	(1.77)	\$	2.31
Diluted earnings (losses) per share: From continuing operations From discontinued operations	\$	0.58 0.01	\$	(1.78) 0.01	\$	2.21 0.03
Net income (loss) per share, diluted	\$	0.59	\$	(1.77)	\$	2.24

During the year ended December 31, 2008, 730,952 of common stock equivalents were anti-dilutive. Consequently, the effect of their conversion into shares of common stock has been excluded from the calculation of diluted net income per share.

17. RELATED PARTY TRANSACTIONS

Introduction

At December 31, 2009, affiliates of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners held approximately 54.6%, 22.4%, and 11.2%, respectively, of the Company s outstanding equity securities. At December 31, 2008, affiliates of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners held approximately 55.6%, 22.8%, and 11.4%, respectively, of the Company s outstanding equity securities.

Certain members of the Board of Directors of the Company are affiliated with the Private Equity Investors. In particular, Chinh E. Chu, David K. McVeigh and Jason K. Giordano serve as a Senior Managing Director, Executive Director and Principal, respectively, in the Corporate Private Equity group of The Blackstone Group, Adrian M. Jones and Sumit Rajpal serve as Managing Directors of Goldman, Sachs & Co., and Ryan M. Sprott is Managing Director of DLJ Merchant Banking Partners.

F-64

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Transactions with the Private Equity Investors

Transaction and Monitoring Fee Agreements

At the closing of the Merger, the Company entered into separate Transaction and Monitoring Fee Agreements with advisory affiliates of each of the Private Equity Investors, whereby the advisory affiliates agreed to provide to the Company ongoing monitoring, advisory and consulting services, for which the Company agreed to pay to affiliates of each of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners an annual monitoring fee in an amount equal to \$7.7 million, \$3.2 million and \$1.6 million, respectively. The annual monitoring fees are, in each case, subject to an upward adjustment in each year based on the ratio of the Company's consolidated earnings before interest, taxes, depreciation and amortization (EBITDA) in such year to consolidated EBITDA in the prior year, provided that the aggregate monitoring fees paid to all advisors pursuant to the Transaction and Monitoring Fee Agreements in any year shall not exceed the greater of \$15.0 million or 3% of consolidated EBITDA in such year. The aggregate annual monitoring fees of \$12.5 million for each of 2009, 2008 and 2007 were paid in full to the advisory affiliates of the Private Equity Investors in January 2009, 2008 and 2007, respectively, and expensed ratably during the year in Other expenses on the consolidated statements of income (loss). Of the aggregate annual monitoring fees of \$15.0 million for 2010, the Company paid \$12.5 million in January 2010, with the remaining balance of \$2.5 million to be paid on or before April 30, 2010.

Insphere Advisory Agreement

Pursuant to the terms of an engagement letter dated June 2, 2009, Blackstone Advisory Services L.P. agreed to provide certain financial advisory services to the Company in connection with opportunities presented by the launch of Insphere. The Company agreed to pay Blackstone Advisory Services a specified fee, contingent upon the completion of certain transactions related to such opportunities. During 2009, \$2.0 million of contingent consideration was paid to Blackstone Advisory Services in accordance with such agreement.

Future Transaction Fee Agreements

In accordance with the terms of separate Future Transaction Fee Agreements, each dated as of May 11, 2006, affiliates of each of the Private Equity Investors agreed to provide to the Company certain financial and strategic advisory services with respect to future acquisitions, divestitures and recapitalizations. For such services, affiliates of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners are entitled to receive 0.6193%, 0.2538% and 0.1269%, respectively, of the aggregate enterprise value of any units acquired, sold or recapitalized by the Company.

In connection with the sale of the Company s Life Insurance Division business in 2008 (see Note 20 of Notes to Consolidated Financial Statements), the Company remitted to affiliates of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners \$1.2 million, \$479,000 and \$240,000, respectively, pursuant to the terms of the Future Transaction Fee Agreements.

Group Purchasing Organization

The Company participates in a group purchasing organization (GPO) that acts as the Company s agent to negotiate with third party vendors the terms upon which the Company will obtain goods and services in various designated categories that are used in the ordinary course of the Company s business. On behalf of the various participants in its group purchasing program, the GPO extracts from such vendors pricing terms for such goods and services that are believed to be more favorable than participants could obtain for themselves on an individual basis. In consideration for such favorable pricing terms, each participant has agreed to obtain from such vendors not less than a specified percentage of the participant s requirements for such goods and services in the designated categories. In connection with purchases by participants, the GPO receives a commission from the vendor in respect

F-65

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

of such purchases. In consideration of The Blackstone Group s facilitating the Company s participation in the GPO and in monitoring the services that the GPO provides to the Company, the GPO has agreed to remit to an affiliate of The Blackstone Group a portion of the commission received from vendors in respect of purchases by the Company under the GPO purchasing program. The Company s participation during 2009, 2008 and 2007 was nominal with respect to purchases by the Company under the GPO purchasing program in accordance with the terms of this arrangement.

MEGA Advisory Agreement- Student Insurance and Star HRG Divisions

Pursuant to the terms of an amendment to the Advisory Agreement, dated December 29, 2006, and approved by the Oklahoma Insurance Department effective February 8, 2007, The Blackstone Group provided certain tax structuring advisory services to MEGA in connection with the sale of MEGA s Student Insurance Division. During 2007, MEGA paid a tax structuring fee of \$1.0 million to an advisory affiliate of The Blackstone Group. This expense was recorded as part of the gain on sale in Realized gains, net on the Company s consolidated statement of income (loss).

Registration Rights Agreement

The Company is a party to a registration rights and coordination committee agreement, dated as of April 5, 2006 (the Registration Rights Agreement), with the investment affiliates of each of the Private Equity Investors, providing for demand and piggyback registration rights with respect to the Class A-1 common stock. Certain management stockholders are also expected to become parties to the Registration Rights Agreement. Following a future initial public offering of the Company s stock, the Private Equity Investors affiliated with The Blackstone Group will have the right to demand such registration under the Securities Act of its shares for public sale on up to five occasions, the Private Equity Investors affiliated with Goldman Sachs Capital Partners will have the right to demand such registration on up to two occasions, and the Private Equity Investors affiliated with DLJ Merchant Banking Partners will have the right to demand such registration on one occasion. No more than one such demand is permitted within any 180-day period without the consent of the Board of Directors of the Company.

In addition, the Private Equity Investors have, and, if they become parties to the Registration Rights Agreement, the management stockholders will have, so-called piggy-back rights, which are rights to request that their shares be included in registrations initiated by the Company or by any Private Equity Investors. Following an initial public offering of the Company s stock, sales or other transfers of the Company s stock by parties to the Registration Rights Agreement will be subject to pre-approval, with certain limited exceptions, by a Coordination Committee that will consist of representatives from each of the Private Equity Investor groups. In addition, the Coordination Committee shall have the right to request that the Company effect a shelf registration.

Investment in Certain Funds Affiliated with the Private Equity Investors

On April 20, 2007, the Company s Board of Directors approved a \$10.0 million investment by Mid-West in Goldman Sachs Real Estate Partners, L.P., a commercial real estate fund managed by an affiliate of Goldman Sachs Capital Partners. The Company has committed such investment to be funded over a series of capital calls. During 2009, the Company s original commitment was reduced by \$2.0 million, to \$8.0 million. As of December 31, 2009, the Company had made contributions totaling \$3.9 million, of which \$600,000 was funded during 2009. At December 31, 2009, the Company had a remaining commitment to Goldman Sachs Real Estate Partners, L.P. of \$4.1 million.

On April 20, 2007, the Company s Board of Directors approved a \$10.0 million investment by MEGA in Blackstone Strategic Alliance Fund L.P., a hedge fund of funds managed by an affiliate of The Blackstone Group. The Company has committed such investment to be funded over a series of capital calls. As of December 31, 2009, the Company had made contributions totaling \$6.8 million, of which \$2.4 million was funded during 2009. At

F-66

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

December 31, 2009, the Company had a remaining commitment to Blackstone Strategic Alliance Fund L.P. of \$3.2 million. During 2009, the Company received \$771,000 in capital distributions from Blackstone Strategic Alliance Fund L.P.

Extraordinary Cash Dividend

In connection with the special cash dividend declared on February 25, 2010, affiliates of each of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners received dividends in the amount of \$65.0 million, \$26.6 million and \$13.3 million, respectively.

In connection with the special cash dividend declared on May 3, 2007, affiliates of each of The Blackstone Group, Goldman Sachs Capital Partners and DLJ Merchant Banking Partners were paid dividends of \$173.3 million, \$71.0 million and \$35.5 million, respectively.

Other

From time to time, the Company may obtain goods or services from parties in which the Private Equity Investors hold an equity interest. During 2009, 2008 and 2007, the Company held several events at a hotel in which an affiliate of The Blackstone Group holds an equity interest. During 2009 in connection with these events, the Company paid the hotel approximately \$5.5 million. Additionally, employees of the Company traveling on business may also, from time to time, receive goods or services from entities in which the Private Equity Investors hold an equity interest.

Transactions with Certain Members of Management

Transactions with National Motor Club

William J. Gedwed (the former Chief Executive Officer and a former director of the Company) holds an equity interest of approximately 5% in NMC Holdings, Inc. (NMC), the ultimate parent company of National Motor Club of America and subsidiaries (NMCA). Effective January 1, 2005, MEGA and NMCA entered into a new three-year administrative agreement (succeeding a prior two year agreement) for a term ending on December 31, 2007 pursuant to which MEGA agreed to issue life, accident and health insurance policies to NMCA for the benefit of NMCA members in selected states. NMCA, in turn, agreed to provide to MEGA certain administrative and record keeping services in connection with the NMCA members for whose benefit the policies have been issued. MEGA terminated this agreement effective January 1, 2007. During 2007, NMCA paid to MEGA \$28,000 related to 2006 activity pursuant to the terms of this agreement. Additionally, during 2007, NMCA paid the Company \$391,000 for printing and various other services. The Company made no payments to NMCA made in 2009 and 2008.

18. COMMITMENTS AND CONTINGENCIES

Litigation Matters

The Company is a party to the following material legal proceedings:

Insurance Claims Litigation

As previously disclosed, HealthMarkets and Mid-West were named as defendants in an action filed on December 30, 2003 (*Montgomery v. UICI et al.*) in the Superior Court of the State of California, County of Los Angeles, Case No. BC308471. Plaintiff asserted statutory and common law causes of action for both monetary and injunctive relief based on a series of allegations concerning marketing and claims handling practices. On March 1, 2004, HealthMarkets and Mid-West removed the matter to the United States District Court for the Central District of California, Western Division. On May 11, 2004, the Judicial Panel on Multidistrict Litigation issued a transfer

F-67

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

order transferring the *Montgomery* matter to the United States District Court for the Northern District of Texas for coordinated pretrial proceedings (*In re UICI Association-Group Insurance Litigation*, MDL Docket No. 1578). On July 10, 2009, the parties settled this matter on terms that do not have a material adverse effect on the Company s consolidated financial condition and results of operations.

As previously disclosed, HealthMarkets and MEGA were named as defendants in an action filed on May 31, 2006 (*Linda L. Hopkins and Jerry T. Hopkins v. HealthMarkets, MEGA, the National Association for the Self Employed, et al.*) pending in the Superior Court for the County of Los Angeles, California, Case No. BC353258. Plaintiffs alleged several causes of action, including breach of fiduciary duty, negligent failure to obtain insurance, intentional misrepresentation, fraud by concealment, promissory fraud, negligent misrepresentation, civil conspiracy, professional negligence, negligence, intentional infliction of emotional distress, and violation of the California Consumer Legal Remedies, California Civil Code Section 1750, et seq. Plaintiffs sought injunctive relief, disgorgement of profits and general and punitive monetary damages in an unspecified amount. On July 10, 2008, the Court granted MEGA s motion for summary judgment and dismissed this matter, which dismissal was affirmed by the California Court of Appeals on December 22, 2009. On January 4, 2010, plaintiff agreed to forgo his right to petition the California Supreme Court for review, ending this matter.

As previously disclosed, in a related matter, on December 18, 2008, HealthMarkets and MEGA were named as defendants in a putative class action brought by Jerry Hopkins (*Jerry T. Hopkins, individually and on behalf all those others similarly situated v. HealthMarkets, Inc. et al.*) pending in the Superior Court of Los Angeles County, California, Case No. BC404133. Plaintiff alleges invasion of privacy in violation of California Penal Code § 630, et seq., negligence and the violation of common law privacy arising from allegations that the defendants monitored and/or recorded the telephone conversations of California residents without providing them with notice or obtaining their consent. Mr. Hopkins seeks an order certifying the suit as a California class action and seeks compensatory and punitive damages. On December 3, 2009, plaintiff Jerry Hopkins was dismissed as the class plaintiff and Jerry Buszek was substituted in his place. On March 10, 2010, defendants motion for summary judgement was denied. Discovery in this matter is ongoing.

As previously disclosed, HealthMarkets and MEGA were named as defendants in an action filed on July 25, 2006 (*Christopher Closson, individually, and as Successor in interest to Kathy Closson, deceased v. HealthMarkets, MEGA, HealthMarkets Lead Marketing Group, National Association for the Self-Employed, et al.*) pending in the Superior Court for the County of Riverside, California, Case No. RIC453741. Plaintiff alleged several causes of action, both individually and in his capacity as successor in interest to Kathy Closson, including intentional misrepresentation, fraud by concealment and promissory fraud. Plaintiff sought injunctive relief, and general and punitive monetary damages in an unspecified amount. On April 14, 2009, the California Court of Appeals granted summary judgment in favor of MEGA and HealthMarkets Lead Marketing Group dismissing Mr. Closson s remaining individual claims, which holding was affirmed by the California Supreme Court on June 24, 2009. On December 7, 2009, the Court dismissed this matter with prejudice following the execution of a settlement agreement between the parties that resolved this matter on terms that did not have a material adverse effect upon the Company s consolidated financial condition and results of operations.

As previously disclosed, HealthMarkets, HealthMarkets Lead Marketing Group, Mid-West and Mid-West agent Stephen Casey were named as defendants in an action filed on December 4, 2006 (*Howard Woffinden, individually*,

and as Successor in interest to Mary Charlotte Woffinden, deceased v. HealthMarkets, Mid-West, et al.) pending in the Superior Court for the County of Los Angeles, California, Case No. LT061371. Plaintiffs have alleged several causes of action, including breach of fiduciary duty, negligent failure to obtain insurance, intentional misrepresentation, fraud by concealment, promissory fraud, civil conspiracy, professional negligence, intentional infliction of emotional distress, and violation of the California Consumer Legal Remedies statute, California Civil Code Section 1750, et seq. Plaintiff seeks injunctive relief, and general and punitive monetary damages in an unspecified amount. On October 5, 2007, the Court granted a motion to quash service of summons for defendants

F-68

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

HealthMarkets and HealthMarkets Lead Marketing Group, removing them from the case. The Court granted Mid-West s motion for summary judgment and dismissed the case against Mid-West on August 12, 2008. On October 15, 2008, the Court granted judgment in favor of defendant Casey. On November 12, 2008, plaintiff appealed the Court s grant of these motions to the California Court of Appeals, which appeal is pending before the appellate court.

As previously disclosed, Mid-West was named as a defendant in an action filed on January 9, 2009 (Matthew Austen v. Mid-West National Life Insurance Company of Tennessee; Elizabeth Solomon) in the Superior Court of Orange County, California, Case No. 30-2009 00117080. Plaintiff alleges bad faith, breach of contract, negligent misrepresentation, and intentional misrepresentation and seeks unspecified economic, punitive, exemplary, and mental damages, costs, interest, and attorneys fees. On June 1, 2009, the case was transferred on Mid-West s motion for change of venue to Los Angeles County Superior Court (Matthew Austen v. Mid-West National Life Insurance Company of Tennessee; Elizabeth Solomon), Case No. LC086172. On February 24, 2010, the Court granted the defendants motion to dismiss this matter with prejudice. Plaintiff has 60 days from the entry of the Court s order to appeal this ruling.

As previously disclosed, MEGA was named as a defendant in an action filed on April 8, 2003 (*Lucinda Myers v. MEGA et al.*) pending in the District Court of Potter County, Texas, Case No. 90826-E. Plaintiff alleged several causes of action, including breach of contract, breach of the duty of good faith and fair dealing, negligence, unfair claims settlement practices, violation of the Texas Deceptive Trade Practices-Consumer Protection Act, mental anguish, and felony destruction of records and securing execution by deception. Plaintiff sought monetary damages in an unspecified amount and declaratory relief. MEGA asserted a counterclaim alleging, among other things, a cause of action against the plaintiff for rescission of the health insurance contract due to material misrepresentations in the application for insurance. On September 29, 2009, this matter was dismissed with prejudice following a settlement of this matter on terms that did not have a material adverse effect upon the Company s consolidated financial condition and results of operations.

As previously disclosed, Mid-West was named as a defendant in an action filed on January 15, 2004 (Howard Myers v. Alliance for Affordable Services, Mid-West et al.) in the District Court of El Paso County, Colorado, Case No. 04-CV-192. Plaintiff alleged fraud, breach of contract, negligence, negligent misrepresentation, bad faith, and breach of the Colorado Unfair Claims Practices Act. Plaintiff seeks unspecified compensatory, punitive, special and consequential damages, costs, interest and attorneys fees. Mid-West removed the case to the United States District Court for the District of Colorado. On August 26, 2008, the Court granted Mid-West s motion for summary judgment and dismissed all claims. Plaintiff has appealed the dismissal of this matter to the United States Tenth Circuit Court of Appeals, which appeal is pending. On June 16, 2008, plaintiff filed a related action with similar allegations naming HealthMarkets, Cornerstone America and Cornerstone agent Steve Kirsch (Lukas Myers and Howard Myers et al. v. HealthMarkets, Inc., Cornerstone America, et al.) in the District Court of Arapahoe County, Colorado, Case No. 08-CV-1236 (the Myers II matter). Plaintiffs allege several causes of action, including fraud, fraudulent misrepresentation, breach of contract, bad faith and breach of the Colorado Consumer Protection Act, and seek unspecified compensatory and punitive damages, treble damages under the Colorado Consumer Protection Act, costs and attorneys fees. On June 15, 2009, defendants filed a motion to dismiss the Myers II matter, which motion is pending before the Court. Discovery in this matter is ongoing.

As previously disclosed, MEGA was named as a defendant in an action filed on August 31, 2006 (*Tracy L. Dobbelaere and Robert Dobbelaere v. The MEGA Life and Health Insurance Company, et al.*) pending in the Circuit Court of Clinton County, Missouri, Cause No. 06CN-CV00618. Plaintiffs alleged several causes of action including negligence, negligent misrepresentation, intentional misrepresentation and loss of consortium and sought unspecified general and punitive damages, interest and attorneys fees. On July 7, 2009, the parties settled this matter on terms that do not have a material adverse effect on the Company s consolidated financial condition and results of operations. On July 20, 2009, the Court dismissed this matter with prejudice following the execution

F-69

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

of a settlement agreement between the parties that resolved this matter on terms that did not have a material adverse effect upon the Company s consolidated financial condition and results of operations.

MEGA was named as a defendant in an action filed on August 5, 2008 (*Robert Perry v. The MEGA Life and Health Insurance Company, et al.*) pending in the Superior Court of Maricopa County, Arizona, Case No. CV2008-018505. Plaintiff alleges several causes of action arising from a dispute regarding medical claims, including breach of contract, bad faith, false advertising, consumer fraud, professional negligence and negligent misrepresentation and seeks actual, general and punitive damages in unspecified amounts, attorneys fees and costs. A mediation of this matter held on March 16, 2009 was unsuccessful and discovery is ongoing.

The Company believes that resolution of the above proceedings, after consideration of applicable reserves and potentially available insurance coverage benefits, did not (to the extent resolved) or will not (to the extent not already resolved) have a material adverse effect on the Company s consolidated financial condition and results of operations.

Other Litigation

Fair Labor Standards Act Agent Litigation

As previously disclosed, HealthMarkets is a party to three separate collective actions filed under the Federal Fair Labor Standards Act (FLSA) (Sherrie Blair et al., v. Cornerstone America et al., filed on May 26, 2005 in the United States District Court for the Northern District of Texas, Fort Worth Division, Civil Action No. 4:04-CV-333-Y; Norm Campbell et al., v. Cornerstone America et al., filed on May 26, 2005 in the United States District Court for the Northern District of Texas, Fort Worth Division, Civil Action No. 4:05-CV-334-Y; and Joseph Hopkins et al., v. Cornerstone America et al., filed on May 26, 2005 in the United States District Court for the Northern District of Texas, Fort Worth Division, Civil Action No. 4:05-CV-332-Y). On December 9, 2005, the Court consolidated all of the actions and made the *Hopkins* suit the lead case. In each of the cases, plaintiffs, for themselves and on behalf of others similarly situated, seek to recover unpaid overtime wages alleged to be due under section 16(b) of the FLSA. The complaints allege that the named plaintiffs (consisting of former district sales leaders and regional sales leaders in the Cornerstone America independent agent hierarchy) were employees within the meaning of the FLSA and are therefore entitled, among other relief, to recover unpaid overtime wages under the terms of the FLSA. The parties filed motions for summary judgment on August 1, 2006. On March 30, 2007, the Court denied HealthMarkets and Mid-West s motion and granted the plaintiffs motion. In October 2008, the United States Fifth Circuit Court of Appeals affirmed the trial court s ruling in favor of plaintiffs on the issue of their status as employees under the FLSA and remanded the case to the trial court for further proceedings. On March 23, 2009, the United States Supreme Court denied HealthMarkets and Mid-West s petition for writ of certiorari. A court-approved notice to prospective participants in the collective action was mailed in April 2008, providing prospective participants with the ability to file opt-in elections. On December 21, 2009, the parties agreed to settle this matter on terms that, after consideration of applicable reserves and potentially available insurance coverage benefits, would not have a material adverse effect on the Company s consolidated financial condition and results of operations, which settlement is subject to final approval by the Court.

Commonwealth of Massachusetts Litigation

As previously disclosed, on October 23, 2006, MEGA was named as a defendant in an action filed by the Massachusetts Attorney General on behalf of the Commonwealth of Massachusetts (*Commonwealth of Massachusetts v. The MEGA Life and Health Insurance Company*), pending in the Superior Court of Suffolk County, Massachusetts, Case Number 06-4411-F. Plaintiff alleged that MEGA engaged in unfair and deceptive practices by issuing policies that contained exclusions of, or otherwise failed to cover, certain benefits mandated under Massachusetts law. In addition, plaintiff alleged that MEGA violated Massachusetts laws that (i) require health insurance policies to provide coverage for outpatient contraceptive services to the extent the policies provide

F-70

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

coverage for other outpatient services and (ii) limit exclusions of coverage for pre-existing conditions. On August 22, 2007, the Attorney General filed an amended complaint which added HealthMarkets, Inc. and Mid-West (together with MEGA, the Defendants) to this action and broadened plaintiff s original allegations. The amended complaint included allegations that the Defendants engaged in unfair and deceptive trade practices and illegal association membership practices, imposed illegal waiting periods and restrictions on coverage of pre-existing conditions and failed to comply with Massachusetts law regarding mandatory benefits.

On August 31, 2009, the Defendants and the Commonwealth of Massachusetts agreed to settle this matter by executing a Final Judgment by Consent (the Consent), which the Court approved on September 3, 2009. By entering into the Consent, the Defendants do not admit to any violation of law or liability. The settlement terms include a collective total payment of \$15.0 million, subject to certain credits for payments made under the August 26, 2009 Regulatory Settlement Agreement with the Massachusetts Division of Insurance (the Settlement Agreement) described below in Regulatory Matters. Each Defendant will pay \$5.0 million, comprised of (i) \$1.0 million to be paid as civil penalties (the Penalties Payment); (ii) \$250,000 to be paid as attorneys fees and costs; and (iii) \$3.75 million to be paid for consumer compensatory damages and other consumer relief (the Consumer Relief Payments). The Consent acknowledges the obligations of MEGA and Mid-West under the Settlement Agreement to pay \$2.0 million, together with an as-yet undetermined sum pursuant to a claims reassessment process. The Consent provides credits as follows: (i) the \$2.0 million payment under the Settlement Agreement will be credited towards the \$2.0 million in Penalties Payments that MEGA and Mid-West would otherwise be required to collectively pay and (ii) based on amounts to be paid by MEGA and Mid-West under the Settlement Agreement for claims reassessment, the Attorney General will provide a preliminary credit of \$400,000 toward the Consumer Relief Payments due collectively from MEGA and Mid-West. The Company paid \$12.6 million in September 2009 in accordance with the terms of the Consent. If the total amount of such claims reassessment payments is less than \$400,000, MEGA and Mid-West must pay the difference. If the total amount of such claims reassessment payments is more than \$400,000, the Attorney General must pay the amount which exceeds \$400,000 up to a maximum payment of \$600,000. Defendants provided the Attorney General with information regarding actions taken, since February 1, 2007, to remediate claims associated with certain mandated benefits and policy exclusion limits in accordance with terms of the Consent.

The Consent also imposes upon the Defendants certain non-monetary obligation. Effective October 1, 2009, for a period of five years from the date of written notice to customers (which notice must be given on or before June 30, 2011), the Consent prohibits MEGA and Mid-West, or any insurance subsidiary of the Company, from writing or issuing Health Plans (as defined under applicable Massachusetts law) in Massachusetts. The Consent also requires the Defendants to provide customers with written notice regarding restrictions on renewals on or before June 30, 2011; requires disclosure to customers regarding medical loss ratio of the MEGA and Mid-West Health Plans for the calendar years 2008, 2009 and 2010 and whether the products qualify as Creditable Coverage (as defined under applicable Massachusetts law); and imposes a number of injunctive terms, copies of which must be served on persons who have served as insurance producers of Defendants since January 1, 2009. To the extent that the Defendants sell health benefit plans of a third party carrier, the Consent further requires the Defendants to implement revised agent training materials and agent oversight processes and provide reporting to the Commonwealth of Massachusetts regarding compliance with performance standards under the previously reported May 2008 regulatory settlement agreement resolving matters arising from the multi-state market conduct examination of MEGA, Mid-West and Chesapeake (the Insurance Companies).

Credit Insurance Litigation

As previously disclosed, Mid-West was named as a defendant in a putative class action filed on November 7, 2008 (*Cynthia Hrnyak*, *on behalf of herself and all others similarly situated v. Mid-West National Life Insurance Company of Tennessee*) pending in the United States District Court for the Northern District of Ohio, Case No. 1:08CV2642. Plaintiff alleged several causes of action, including breach of contract, unjust enrichment,

F-71

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

violation of the Ohio Revised Code Annotated Section 3918.08 and bad faith, arising from the alleged failure to refund unearned premium on credit insurance policies issued by Mid-West in connection with automobile loans upon early termination of coverage. Plaintiff seeks an order certifying the suit as a nationwide class action, compensatory and punitive damages and injunctive relief. On June 24, 2009, the Court signed a preliminary order approving a settlement of this matter on terms that, after consideration of applicable reserves and potentially available insurance coverage benefits, do not have a material adverse effect on the Company s consolidated financial condition and results of operations. At a fairness hearing held on November 23, 2009, the Court affirmed the terms the settlement and entered a final order dismissing this matter.

Litigation Initiated by PDA Against National Association for the Self-Employed, Inc.

On October 22, 2009, the Company s Performance Driven Awards, Inc. (PDA) subsidiary filed an action against The National Association for the Self-Employed, Inc. (NASE) (Performance Driven Awards, Inc. v. The National Association for the Self-Employed, Inc.) pending in the 67th Judicial District Court of Tarrant County, Texas, Case No. 067-241136-09. PDA alleged that NASE had breached the NASE-PDA Field Services Agreement effective January 1, 2005 (the Field Services Agreement) by attempting to recruit field service representatives (FSRs) of PDA and failing to pay PDA compensation for NASE memberships sold by FSRs. PDA alleged several causes of action, including breach of contract, tortious interference and fraud, and sought temporary and permanent injunctive relief, attorneys fees and monetary damages. The parties resolved this matter by entering into a settlement agreement effective December 4, 2009, and the Court dismissed this matter with prejudice on December 11, 2009. Pursuant to the terms of the settlement agreement, the Field Services Agreement was terminated, as a result of which FSRs will no longer sell new NASE memberships or certificates of insurance to NASE members. NASE memberships and certificates of insurance sold to NASE members remain in force (subject to ordinary course termination) and are not affected by the settlement of this matter, and NASE is obligated to continue paying PDA for members previously enrolled in NASE by PDA.

General Litigation Matters

The Company and its subsidiaries are parties to various other pending and threatened legal proceedings, claims, demands, disputes and other matters arising in the ordinary course of business, including some asserting significant liabilities arising from claims, demands, disputes and other matters with respect to insurance policies, relationships with agents, relationships with former or current employees and other matters. From time to time, some such matters, where appropriate, may be the subject of internal investigation by management, the Board of Directors, or a committee of the Board of Directors.

Given the expense and inherent risks and uncertainties of litigation, the Company regularly evaluates litigation matters pending against it to determine if settlement of such matters would be in the best interests of the Company and its stockholders. The costs associated with any such settlement could be substantial and, in certain cases, could result in an earnings charge in any particular quarter in which the Company enters into a settlement agreement. Although HealthMarkets has recorded litigation reserves, which represent the Company s best estimate on probable losses, recorded reserves might prove to be inadequate to cover an adverse result or settlement for extraordinary matters. Therefore, costs associated with the various litigation matters to which the Company is subject and any earnings charge recorded in connection with a settlement agreement could have a material adverse effect on the consolidated

results of operations in a period, depending on the results of its operations for the particular period.

Regulatory Matters

Multi-state Market Conduct Examinations

As previously disclosed, in March 2005, HealthMarkets received notification that the Market Analysis Working Group of the NAIC had chosen the states of Washington and Alaska to lead a multi-state market conduct

F-72

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

examination of HealthMarkets principal insurance subsidiaries (the Insurance Subsidiaries) for the examination period January 1, 2000 through December 31, 2005. The examiners completed the onsite phases of the examination and issued a final examination report on December 20, 2007. The findings of the final examination report cite deficiencies in five major areas of operation: (i) insufficient training of agents and lack of oversight of agent activities, (ii) deficient claims handling practices, (iii) insufficient disclosure of the relationship with affiliates and the membership associations, (iv) deficient handling of complaints and grievances, and (v) failure to maintain a formal corporate compliance plan and centralized corporate compliance department. In connection with the issuance of the final examination report, the Washington Office of Insurance Commissioner issued an order adopting the findings of the final examination report and ordering the Insurance Subsidiaries to comply with certain required actions set forth in the report. As part of the order, the Insurance Subsidiaries were required to file a detailed report specifying the business reforms, improvements and changes to policies and procedures implemented by the Insurance Subsidiaries as of March 20, 2008. This report was sent to all jurisdictions on March 28, 2008.

On May 29, 2008, the Insurance Subsidiaries entered into a regulatory settlement agreement (RSA) with the states of Washington and Alaska, as lead regulators, and three other states Oklahoma, Texas and California (collectively, the Monitoring Regulators). The RSA provides for the settlement of the examination on the following terms:

- (1) A monetary penalty in the amount of \$20 million, payable within ten business days of the effective date of the RSA. This amount was paid in August 2008 and recognized in the Company s results of operations for the year ending December 31, 2007;
- (2) A monetary penalty of up to an additional \$10 million if the Insurance Subsidiaries are found not to comply with the requirements of the RSA when re-examined. Compliance will be monitored by the Monitoring Regulators, who will determine the amount, if any, of the penalty for failure to comply with the requirements of the RSA through a follow-up examination scheduled to occur during 2010. The Company has not recognized any expense associated with this contingent penalty as it is not deemed probable;
- (3) An Outreach Program to be administered by the Insurance Subsidiaries with certain existing insureds, which was implemented by December 31, 2008. The Insurance Subsidiaries sent a notice to all existing insureds whose medical coverage was issued by the Insurance Subsidiaries prior to August 1, 2005. The notice included contact information for insureds to obtain information about their coverage and the address of a website responsive to coverage questions; and
- (4) Ongoing monitoring of the Insurance Subsidiaries compliance with the RSA by the Monitoring Regulators, through semi-annual reports from the Insurance Subsidiaries. The Insurance Subsidiaries will be required to continue their implementation of certain corrective actions, the standards of which must be met by December 31, 2009. The Insurance Subsidiaries will bear the reasonable costs of monitoring by the Monitoring Regulators and their designees. In the event that the Monitoring Regulators find that the Insurance Subsidiaries have intentionally breached the terms of the RSA, resulting penalties and fines as a result of such finding will not be limited to the monetary penalties of the RSA.

All states (other than Massachusetts and Delaware) and the District of Columbia, Puerto Rico and Guam signed the RSA, which became effective on August 15, 2008. The Insurance Subsidiaries filed the last of the semi-annual reports

required by the RSA on February 15, 2010 and have taken actions to meet all the standards of the RSA on or before the due date. The Monitoring Regulators are expected to initiate a re-examination to assess the standards for performance measurement referenced in No. 4 above on or about March 15, 2010.

Massachusetts Division of Insurance

As previously disclosed, in December 2006, the Insurance Companies entered into a regulatory settlement agreement with the Massachusetts Division of Insurance (the Division) following two prior limited scope market

F-73

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

conduct examinations, the first pertaining to operations, complaint handling, marketing and sales, certificate holder services, underwriting and rating, and the second pertaining to claims handling practices in small group health insurance. The Division has monitored the Insurance Companies activities and implementation of the regulatory settlement agreement requirements and, in January 2009, commenced a re-examination of certain key provisions of the regulatory settlement agreement. On August 26, 2009, the Insurance Companies and the Division entered into the Settlement Agreement to resolve all outstanding matters stemming from the 2006 regulatory settlement agreement and to resolve all issues identified in subsequent reviews and/or re-examinations conducted through February 2009. By entering into the Settlement Agreement, the Insurance Companies do not admit, deny or concede any actual or potential fault, wrongdoing, liability or violation of law in connection with any facts or claims that have been or could have been alleged against them.

The settlement terms include payment of a \$2.0 million fee paid in September 2009; voluntary discontinuance of sales of health benefit plans to eligible individuals and small businesses in the Massachusetts market; and agreement not to offer any new health benefit plans in Massachusetts on or after October 1, 2009, for a period of three years. The Insurance Companies may continue to offer supplementary vision, dental and related specialty plans that are not considered health benefit plans under Massachusetts law, and may continue to renew all existing health benefit plans and to honor all existing contracts pursuant to applicable statutory and regulatory requirements. The terms of the Settlement Agreement also require referral of all producer disciplinary actions to the Division s Special Investigations Unit for a two year period; a targeted customer outreach notifying certain insureds of their right to participate in a claims reassessment process; monthly reporting to the Division regarding the claims reassessment process and Special Investigation Unit referrals; and continued compliance with the requirements of the December 2006 regulatory settlement agreement as such requirements pertain to the business that the Insurance Companies continue to issue and/or renew after the Settlement Agreement is executed. The reasonable costs of the Division in monitoring compliance with the Settlement Agreement will be paid by the Insurance Companies. The Division may impose an additional penalty of up to \$3.0 million if the Insurance Companies fail to comply with the requirements of the Settlement Agreement which the Company has not accrued since this is not deemed probable.

Rhode Island

As previously disclosed, the Rhode Island Office of the Health Insurance Commissioner conducted a targeted market conduct examination regarding MEGA s small employer market practices during 2005. As a result of that examination, MEGA is engaged in discussions regarding a settlement with the Office of the Health Insurance Commissioner. The Company anticipates that Mid-West will also agree to a settlement with the Office of the Health Insurance Commissioner since it sells similar plans in Rhode Island. The terms of any settlement are expected to include a payment, including penalties, claims remediation and a refund of premium and association dues. Such payment, together with other possible settlement terms, is not expected to have a material adverse effect on the Company s consolidated financial condition and results of operations.

Washington State

Since October 2004, the Company has been engaged in discussions with the Office of the Insurance Commissioner of Washington State (the Washington DOI) in an effort to resolve issues with respect to the use of a policy form that was initially approved by the Office in 1997. As previously disclosed, on March 8, 2005, the Washington DOI issued a

cease and desist order prohibiting MEGA from selling a previously approved health insurance product to consumers in the State of Washington. The Company voluntarily terminated the sale of similar products by Mid-West pending resolution of this matter with the Washington DOI. The Company s association group business in Washington that is individually underwritten is considered to be large group business for purposes of the state minimum loss ratio standard. The minimum loss ratio standard is currently 80%. As a result of these matters, the Company has determined that it cannot continue to operate on a profitable basis in Washington State. The Company and the Washington DOI have reached a preliminary agreement in principle that the Company will non-renew its health benefit plan policies and

F-74

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

withdraw from the health benefit plan market place in the next several months. MEGA and Mid-West currently have over 9,000 certificate holders in the State of Washington. The Company intends to work with the Washington DOI to develop an orderly transition plan for certificate holders which may include an opportunity for agents contracted with Insphere to market other coverage from non-affiliated carriers.

State of Maine Rate Inquiry

MEGA is currently the subject of a rate hearing conducted by the Superintendent of the Maine Bureau of Insurance (the Bureau). In connection with the hearing, the Bureau is evaluating MEGA s small group rates and whether MEGA is in compliance with Maine s requirement that rates for health insurance not be excessive, inadequate, or unfairly discriminatory as set forth in 24-A M.R.S.A. § 2736-C(5) and Maine Rule Ch. 940, § 8(A). There is the potential that the Bureau may require MEGA to make some refund of premium as a result of the hearing; however, the timing and amount of any refund of premium that may be required, if any, cannot be determined at this time.

General Regulatory Matters

In addition to the regulatory matters discussed above, the Company s insurance subsidiaries are subject to various pending market conduct or other regulatory examinations, inquiries or proceedings arising in the ordinary course of business. State insurance regulatory agencies have authority to levy significant fines and penalties and require remedial action resulting from findings made during the course of such matters. Market conduct or other regulatory examinations, inquiries or proceedings could result in, among other things, changes in business practices that require the Company to incur substantial costs. Such results, individually or in combination, could injure the Company s reputation, cause negative publicity, adversely affect the Company s debt and financial strength ratings, place the Company at a competitive disadvantage in marketing or administering its products or impair the Company s ability to sell insurance policies or retain customers, thereby adversely affecting its business, and potentially materially adversely affecting the results of operations in a period, depending on the results of operations for the particular period. Determination by regulatory authorities that the Company has engaged in improper conduct could also adversely affect its defense of various lawsuits.

Leases

The Company and its subsidiaries lease office space under various lease agreements with initial lease periods ranging from three to ten and one-half years. At December 31, 2009, minimum rental commitments under non-cancellable operating leases were as follows:

	Leases (In thousands	s)
2010	\$ 4,11	6
2011	3,01	7
2012	1,97	1

Operating

2013	396
2014	144
Thereafter	34
Total minimum lease payments	9,678
Sublease proceeds	2,454
Net lease payments	\$ 7,224
F-7	5

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Rent expense for the years ended December 31, 2009, 2008 and 2007 was \$1.6 million, \$6.2 million and \$6.3 million, respectively. The Company subleases office space under multiple agreements, which expire on various dates through 2010. Sublease income from such agreements was \$253,000, \$272,000 and \$67,000 for 2009, 2008 and 2007, respectively.

During 2009, the Company recorded impairment expenses of approximately \$4.9 million, respectively, which are included in Underwriting, acquisition and insurance expenses on the consolidated statement of income (loss). Such expenses relate to three leased facilities which the Company no longer utilizes. These costs represent provisions for future remaining lease obligations, as well as the impairment of leasehold improvements. In accordance with ASC Topic 420, *Exit or Disposal Cost Obligations*, the provisions recorded for lease obligations on the cease-use dates were determined based on the fair value of the liability for costs that will continue to be incurred over the remaining terms of the leases without economic benefit to the Company.

With respect to the abandoned facilities discussed above, at December 31, 2009 the Company had a liability of \$2.3 million, which is included in Other liabilities on the consolidated balance sheet. Lease payments net of sublease proceeds will be applied against the liability through February 2013, which is the remaining term of the leases. Such liability is based on the future commitment, net of expected sublease income.

In the fourth quarter of 2009, the Company began negotiations for the lease of office space for 117 branch offices throughout the United States to be effective in 2010. These branch offices will be utilized as sales offices for Insphere. The leasing of such office space is still in process and not all leases have been finalized in the name of the Company. The anticipated lease agreements will have initial lease periods ranging from 1 to 6 years. Currently, the Company estimates the total commitment for the next five years and thereafter is as follows:

	Total Commitment (In thousands)	
2010	\$ 3,060	
2011	1,971	
2012	958	
2013	289	
2014	144	
Thereafter	34	
Total	\$ 6,456	

Student Loan Commitments

As discussed in Note 5 of Notes to Consolidated Financial Statements, the Company has outstanding commitments to fund student loans through 2026. The total commitment for the next five school years and thereafter, as well as the

amount the Company expects to fund considering utilization rates and lapses, are as follows:

	Expected Funding busands)
\$ 8,965	\$ 761
10,892	653
13,932	589
12,988	389
13,723	291
56,388	305
\$ 116,888	\$ 2,988
	\$ 8,965 10,892 13,932 12,988 13,723 56,388

F-76

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Prior to February 1, 2007, the Company funded its student loan commitments with the proceeds from a secured student loan credit facility (see Note 9 of Notes to Consolidated Financial Statements). Beginning February 1, 2007, the Company funds student loans with cash on hand at HealthMarkets, LLC. In connection with the 2008 sale of the Company s former Life Insurance Division business, Wilton has agreed to fund student loans; provided, however, that it will not be required to fund any student loan that would cause the aggregate par value of all such loans funded by Wilton to exceed \$10.0 million. See Note 5 of Notes to Consolidated Financial Statements.

Letters of Credit

In the ordinary course of business, the Company s insurance subsidiaries reinsure certain risks with other insurance companies. A number of reinsurance contracts associated with policies issued through ZON-Re required the Company to extend a letter of credit primarily to secure the payment of insured s claims. At December 31, 2009, the Company had outstanding letters of credit related to such reinsurance contracts for \$9.2 million.

Claims Liability

The Company s estimates with respect to claims liability and related benefit expenses are subject to an extensive degree of judgment. As discussed in Note 8 of Notes to Consolidated Financial Statements, the Company experienced favorable claims liability development experience in the prior year s reserve for each of the years ended December 31, 2009, 2008 and 2007. However, the favorable claims development was partially offset by an estimated claims liability arising from a review of claims processing for state mandated benefits, which review is expected to be completed by the first half of 2011. As a result of the review, in the fourth quarter ended December 31, 2009, the Company refined its claim liability estimate related to state mandated benefits and recorded a claims liability estimate of \$23.9 million.

19. INVESTMENT ANNUITY SEGREGATED ACCOUNTS

At December 31, 2009 and 2008, the Company had deferred investment annuity policies that have segregated account assets and liabilities, of \$245.1 million and \$208.2 million, respectively. These policies are funded by specific assets held in segregated custodian accounts for the purposes of providing policy benefits and paying applicable premiums, taxes and other charges as due. Because investment decisions with respect to these segregated accounts are made by the policyholders, these assets and liabilities are not presented in the Company s financial statements. The assets are held in individual custodian accounts, from which the Company has received hold harmless agreements and indemnification.

20. ACQUISITIONS AND DISPOSITIONS

Acquisitions

Acquisition of Beneficial Life Insurance Company and Beneficial Investment Services, Inc.

On November 16, 2009, Insphere entered into a definitive stock purchase agreement with Beneficial Life Insurance Company and Beneficial Investment Services, Inc. (BIS) pursuant to which Insphere will acquire all of the outstanding capital stock of BIS (the Purchase Agreement). BIS is a securities broker-dealer licensed in 49 states. This

transaction is subject to customary closing conditions, including the receipt of approval by the Financial Industry Regulatory Authority (FINRA) and the receipt of certain other required consents. The Purchase Agreement may be terminated by either party if the closing has not occurred by the earlier of (i) May 31, 2010 or (ii) six months after the initial application is filed with FINRA. Completion of this purchase would, among other things, enable Insphere to expand its product portfolio to include products for which a broker-dealer license is required. The Company does not anticipate that the purchase price will have a material impact on its financial position and results of operation.

F-77

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

Acquisition of Fidelity Life Insurance Company

Effective December 1, 2007, the Company acquired all of the outstanding capital stock of Fidelity Life Insurance Company, an insurance company licensed to issue health and life insurance policies. Consideration consisted of cash payments totaling \$13.4 million and \$200,000 in related transaction costs. The Company acquired \$9.6 million of cash and investments, some of which are held as deposits with state insurance departments, and recognized the remaining consideration of \$3.8 million as an intangible asset, primarily for the state insurance licenses. Effective July 15, 2008, the Company changed the name of Fidelity Life Insurance Company to HealthMarkets Insurance Company.

Dispositions

Exit from Life Insurance Division Business

On September 30, 2008 (the Closing Date), HealthMarkets, LLC completed the transactions contemplated by the Agreement for Reinsurance and Purchase and Sale of Assets dated June 12, 2008 (the Master Agreement). Pursuant to the Master Agreement, Wilton acquired substantially all of the business of the Company s Life Insurance Division, which operated through Chesapeake, Mid-West and MEGA (collectively the Ceding Companies), and all of the Company s 79% equity interest in each of U.S. Managers Life Insurance Company, Ltd. and Financial Services Reinsurance, Ltd.

As previously discussed, under the terms of the Coinsurance Agreements entered into with each of the Ceding Companies on the Closing Date, Wilton agreed, effective July 1, 2008, to reinsure on a 100% coinsurance basis substantially all of the insurance policies associated with the Company's Life Insurance Division. Under the terms of the Coinsurance Agreements, Wilton assumed responsibility for all insurance liabilities associated with the Coinsured Policies. The Ceding Companies transferred to Wilton cash in an amount equal to the net statutory reserves and liabilities corresponding to the Coinsured Policies, which amount was approximately \$344.5 million. Wilton agreed to be responsible for administration of the Coinsured Policies, subject to certain transition services to be provided by the Ceding Companies to Wilton. The Ceding Companies remain primarily liable to the policyholders on those policies with Wilton assuming the risk from the Ceding Companies pursuant to the terms of the Coinsurance Agreements. See Note 6 of Notes to Consolidated Financial Statements for additional information regarding the coinsurance agreement with Wilton.

The Company and the Ceding Companies received total consideration of approximately \$139.2 million, including \$134.5 million in aggregate ceding allowances with respect to the reinsurance of the Coinsured Policies. Under certain circumstances, the Master Agreement also provides for the payment of additional consideration to the Company following the closing based on the five year financial performance of the Coinsured Policies. The reinsurance transaction resulted in a pre-tax loss of \$21.5 million, of which \$13.0 million was recorded as an impairment to the Life Insurance Division s DAC with the remainder of \$8.5 million recorded in Realized gains, net on the Company s consolidated statement of income (loss).

The Master Agreement and Coinsurance Agreements provided for certain financial settlements following the Closing Date, including, without limitation, settlements with respect to the cash transferred to Wilton for statutory reserves and liabilities corresponding to the Coinsured Policies, and the cash flows arising out of the Coinsured Policies between

the Coinsurance Effective Date and the Closing Date. The Company resolved such financial settlements with Wilton during 2009 which resulted in a gain of \$159,000 recorded in Realized gains, net on the Company s consolidated statement of income (loss).

In connection with these transactions the Company incurred \$6.5 million in investment banker fees and legal fees recorded in Other expenses on the Company s consolidated statement of income (loss) for the year ended December 31, 2008. The Company also incurred \$6.4 million of employee and lease termination costs and other costs recorded in Underwriting, acquisition and insurance expenses during 2008. In addition, the Company

F-78

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

incurred interest expense of \$3.1 million during 2008 associated with the use of the cash transferred to Wilton during the period from the Coinsurance Effective Date to the Closing Date. The Ceding Companies also wrote-off DAC of \$101.1 million, representing all of the deferred acquisition costs associated with the Coinsured Policies subject to the transaction, which is included in the realized loss on the transaction. This write-off of DAC correspondingly reduced the related deferred tax assets by \$36.7 million.

Sale of ZON-Re

On June 5, 2009, HealthMarkets, LLC, entered into an Acquisition Agreement for the sale of its 82.5% membership interest in ZON-Re to Venue Re. The transaction contemplated by the Acquisition Agreement closed effective June 30, 2009. The sale of the Company s membership interest in ZON-Re resulted in a total pre-tax loss of \$489,000 which was recorded in Realized gains, net on the consolidated statement of income (loss). The Company will continue to reflect the existing insurance business in its financial statements to final termination of all liabilities.

Exit from the Medicare Market

In July 2008, the Company determined it would not continue to participate in the Medicare business after the 2008 plan year. In connection with its exit from the Medicare market, the Company incurred employee termination costs of \$2.8 million and asset impairment charges of \$1.1 million (associated with technology assets unique to its Medicare business) during the year ended December 31, 2008. Additionally, during 2008, the Company recognized a \$4.9 million expense, recorded in Underwriting, acquisition and insurance expenses on its consolidated statement of income (loss), associated with a minimum volume guarantee fee related to the Company's contract with a third party administrator. This minimum volume guarantee fee was for member months over the three year term of the contract covering calendar years 2008 through 2010. The Company will continue to reflect the existing insurance business in its financial statements to final termination of all remaining liabilities.

2006 Sale of Star HRG Division

In July 2006, the Company sold substantially all of the assets formerly comprising MEGA s Star HRG Division. In connection with the sale of Star HRG, the Company recognized a pre-tax gain of \$101.5 million. As consideration for the receipt of Star HRG assets, a unit of the CIGNA Corporation issued the CIGNA Note and the CIGNA Corporation entered into the Guaranty Agreement (see Note 11 of Notes to Consolidated Financial Statements for additional information regarding the CIGNA note and the Guaranty Agreement).

As part of the sale transaction, MEGA and Chesapeake entered into 100% coinsurance arrangements with the purchaser (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding coinsurance agreements).

2006 Sale of Student Insurance Division

On December 1, 2006, the Company sold substantially all of the assets formerly comprising MEGA s Student Insurance Division. As consideration for the sale of the Student Insurance Division assets, the Company received a promissory Note in the principal amount of \$94.8 million issued by UnitedHealth Group Inc. (the UHG Note). The

UHG Note bears interest at a fixed rate of 5.36% and matures on November 30, 2016, with the full principal payment due at maturity. The interest is to be paid semi-annually on May 30th and November 30th of each year. The Company has concluded that the UHG Note should be classified as a security with a fixed maturity under ASC 320 *Investments Debt and Equity Securities*. Accordingly, the UHG Note is included in Fixed maturities on the consolidated balance sheets.

F-79

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

As part of the sale transaction, MEGA, Mid-West and Chesapeake entered into 100% coinsurance arrangements with the purchaser (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding coinsurance agreements).

The purchase price was subject to downward or upward adjustment based on the amount of premium generated with respect to the 2007-2008 school year and actual claims experience with respect to the in-force block of student insurance business at the time of the sale. The Company recorded \$5.5 million and \$1.2 million of realized gains as adjustments to the purchase price during 2008 and 2007, respectively. The Company does not expect to incur or receive any additional compensation related to the premium provision or claim experience in the future.

21. SEGMENT INFORMATION

The Company operates four business segments, the Insurance segment, Insphere, Corporate and Disposed Operations. The Insurance segment includes the Company s SEA Division. Insphere includes net commission revenue and costs associated with the creation and development of Insphere. Corporate includes investment income not allocated to the Insurance segment, realized gains or losses, interest expense on corporate debt, the Company s student loans business, general expenses relating to corporate operations, variable non-cash stock-based compensation and operations that do not constitute reportable operating segments. Disposed Operations includes the remaining run out of the Medicare Division and the Other Insurance Division as well as the residual operations from the disposition of the Company s former Life Insurance Division, former Star HRG Division and the former Student Insurance Division.

Allocations of investment income and certain general expenses are based on a number of assumptions and estimates, and the business segments reported operating results would change if different allocation methods were applied. Certain assets are not individually identifiable by segment and, accordingly, have been allocated by formulas. Segment revenues include premiums and other policy charges and considerations, net investment income, fees and other income. Management does not allocate income taxes to segments. Transactions between reportable segments are accounted for under respective agreements, which provide for such transactions generally at cost.

Revenues from continuing operations and income (loss) from continuing operations before income taxes for each of the years ended December 31, 2009, 2008 and 2007 are set forth in the table below:

	For the Year Ended December 31,						
	2009		2008	2007			
		thousands)					
Revenue from continuing operations:							
Insurance Self-Employed Agency Division:	\$ 1,061,450	\$	1,248,434	\$ 1,417,952			
Insphere:	1,192						
Corporate:	13,616		2,939	54,458			
Intersegment Eliminations:	(2,088)		(167)	(789)			
Total revenues excluding disposed operations	1,074,170		1,251,206	1,471,621			

Disposed Operations: 9,227 173,759 123,888

Total revenue from continuing operations \$ 1,083,397 \$ 1,424,965 \$ 1,595,509

F-80

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

	For the 2009	Ended Decem 2008 chousands)	aber 31, 2007		
Income (loss) from continuing operations before federal income taxes:					
Insurance Self-Employed Agency Division: Insphere:	\$ 117,498 (11,902)	\$ 55,634	\$	150,449	
Corporate:	(73,336)	(106,934)		(29,822)	
Total operating income (loss) excluding disposed operations Disposed Operations	32,260 (3,022)	(51,300) (34,080)		120,627 (1,574)	
Total income (loss) from continuing operations before federal income taxes	\$ 29,238	\$ (85,380)	\$	119,053	

Assets by operating segment at December 31, 2009 and 2008 are set forth in the table below:

	Decem	ber 31,
	2009	2008
	(In tho	usands)
Assets:		
Insurance Self-Employed Agency Division:	\$ 731,594	\$ 822,966
Insphere:	14,507	
Corporate:	734,040	667,617
Total assets excluding assets of Disposed Operations	1,480,141	1,490,583
Disposed Operations	391,357	426,130
Total assets	\$ 1,871,498	\$ 1,916,713

Disposed Operations assets at December 31, 2009 and 2008 primarily represent reinsurance recoverable for the Life Insurance Division of \$353.7 million and \$370.4 million associated with the Coinsurance Agreements entered into with Wilton (see Note 6 of Notes to Consolidated Financial Statements for additional information regarding such coinsurance agreements).

F-81

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

22. CONDENSED FINANCIAL INFORMATION OF HEALTHMARKETS, LLC

HealthMarkets, LLC is the wholly owned subsidiary of HealthMarkets, Inc., the holding company. HealthMarkets, LLC s principal assets are its investments in its separate operating subsidiaries, including its regulated insurance subsidiaries. The condensed financial information of HealthMarkets, LLC is presented below.

BALANCE SHEETS

	December 31, 2009 20 (In thousands	008
ASSETS		
Investments in and advances to subsidiaries*	\$ 488,797 \$ 42	20,743
Other invested assets	8,737	9,529
Cash and cash equivalents	217,771 20	01,375
Receivable from HealthMarkets, Inc.*	946	2,607
Deferred financing costs and other assets	9,895	17,442
	\$ 726,146 \$ 65	51,696
LIABILITIES		
Accrued expenses and other liabilities	•	29,453
Debt	481,070 48	31,070
	501,788 51	10,523
STOCKHOLDERS EQUITY Common stock		
Additional paid-in capital	159,683	56,086
Accumulated other comprehensive loss	4,234	41,022)
Retained earnings		16,109
	224,358 14	41,173
	\$ 726,146 \$ 65	51,696

^{*} Eliminated in consolidation.

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

CONDENSED STATEMENTS OF INCOME (LOSS)

	For the Year Ended December 31,						
	2009	(In	2008 thousands)		2007		
Income:							
Dividends from continuing operations*	\$ 73,800	\$	283,638	\$	176,240		
Investment and other income	326		1,980		7,780		
Realized gains (losses)	(319)		319		(2,437)		
	73,807		285,937		181,583		
Expenses:							
General and administrative expenses	70		6,907		(503)		
Interest expense	28,630		34,571		39,325		
	28,700		41,478		38,822		
Income before equity in undistributed earnings of subsidiaries and federal income tax expense Federal income tax benefit	45,107		244,459		142,761		
Income before equity in undistributed earnings of subsidiaries	45,107		244,459		142,761		
Equity (deficit) in undistributed earnings of subsidiaries*	(1,792)		(288,574)		(55,371)		
Net income (loss)	\$ 43,315	\$	(44,115)	\$	87,390		

23. SUBSEQUENT EVENTS

2010 Dividend to Shareholders

Effective February 25, 2010, the Board of Directors of HealthMarkets, Inc. declared a special dividend in the amount of \$3.94 per share for Class A-1 and Class A-2 common stock to holders of record as of the close of business on March 1, 2010, payable on March 9, 2010. In connection with the special cash dividend, the Company paid dividends to stockholders in the aggregate of \$120.3 million.

^{*} Eliminated in consolidation.

HEALTHMARKETS, INC. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)

24. QUARTERLY UNAUDITED DATA

	For the Quarter Ended															
	Dec	eember 31\$ 2009	Sept	tember 30, 2009	J	2009	M	larch 31, 2009	Dec		_	tember 30, 2008 ints)	J	une 30, 2008	M	arch 31, 2008
Income Statement Data: Revenues from continuing operations Income (loss) from continuing operations before federal	\$	250,028	\$	266,779	\$	276,548	\$	290,042	\$	329,222	\$	337,070	\$	377,252	\$	381,421
income taxes Income (loss) from continuing	S	(15,829)		27,039		6,000		12,028		(15,274)		(28,115)		(32,726)		(9,265)
operations Income from discontinued		(11,049)		17,395		3,193		8,023		(9,286)		(18,796)		(19,265)		(6,324)
operations		56		55		16		35		67		82		36		31
Net income (loss) Per Share Data: Basic earnings per common share: Income (loss) from	\$	(10,993)	\$	17,450	\$	3,209	\$	8,058	\$	(9,219)	\$	(18,714)	\$	(19,229)	\$	(6,293)
continuing operations	\$	(0.38) 0.01	\$	0.59	\$	0.11	\$	0.27	\$	(0.32) 0.01	\$	(0.63)	\$	(0.63)	\$	(0.20)

Income from discontinued operations								
Net income (loss)	\$ (0.37)	\$ 0.59	\$ 0.11	\$ 0.27	\$ (0.31)	\$ (0.63)	\$ (0.63)	\$ (0.20)
Diluted earnings per common share: Income (loss) from continuing								
operations Income from discontinued	\$ (0.37)	\$ 0.58	\$ 0.11	\$ 0.26	\$ (0.32)	\$ (0.63)	\$ (0.63)	\$ (0.20)
operations	0.01				0.01			
Net income (loss)	\$ (0.36)	\$ 0.58	\$ 0.11	\$ 0.26	\$ (0.31)	\$ (0.63)	\$ (0.63)	\$ (0.20)

Computation of earnings (loss) per share for each quarter is made independently of earnings (loss) per share for the year.

F-84

SCHEDULE II

CONDENSED FINANCIAL INFORMATION OF REGISTRANT HEALTHMARKETS, INC. (HOLDING COMPANY)

BALANCE SHEETS

	Decem 2009 (In thou	2008
ASSETS		
Investments in and advances to subsidiaries*	\$ 223,412	\$ 138,566
Other invested assets	14,673	16,299
Cash and cash equivalents	24,394	30,748
Refundable income taxes	15,754	19,913
Deferred income tax	14,496	18,750
Other	669	3,229
	\$ 293,398	\$ 227,505
LIABILITIES		
Accrued expenses and other liabilities	\$ 15,393	\$ 10,500
Agent plan liability	14,054	16,870
Net liabilities of discontinued operations	1,752	2,210
	31,199	29,580
STOCKHOLDERS EQUITY		
Common stock	316	310
Additional paid-in capital	42,342	54,004
Accumulated other comprehensive loss	3,739	(41,970)
Retained earnings	246,427	227,686
Treasury stock	(30,625)	(42,105)
	262,199	197,925
	\$ 293,398	\$ 227,505

The condensed financial statements should be read in conjunction with the consolidated financial statements and notes thereto of HealthMarkets, Inc. and Subsidiaries.

^{*} Eliminated in consolidation.

See report of Independent Registered Public Accounting Firm.

F-85

CONDENSED FINANCIAL INFORMATION OF REGISTRANT HEALTHMARKETS, INC. (HOLDING COMPANY)

CONDENSED STATEMENTS OF INCOME (LOSS)

	For the 2009	Year Ended Decer 2008 (In thousands)	mber 31, 2007
Income:	•	•	
Dividends from continuing operations* Interest and other income	\$ 266	\$ 1,090	\$ 270,000 2,054
interest and other meome	200	1,090	2,034
	266	1,090	272,054
Expenses:			
General and administrative expenses (includes amounts paid to related parties of \$15,075, \$14,168 and \$13,735 in 2009, 2008 and			
2007, respectively)	50,744	35,266	34,637
Interest expense	39	,	57
	50,783	35,266	34,694
Income (loss) before equity in undistributed earnings of			
subsidiaries and federal income tax expense	(50,517)	(34,176)	237,360
Federal income tax benefit	24,986	24,916	19,093
In come (loca) hafana aguita in un distributad aguinga af			
Income (loss) before equity in undistributed earnings of subsidiaries	(25,531)	(9,260)	256,453
Surplus (Deficit) in undistributed earnings of continuing	(23,331)	(3,200)	230, 133
operations*	43,093	(44,411)	(187,083)
Income (loss) from continuing operations	17,562	(53,671)	69,370
Dividends from discontinued operations*	(60)	(80)	211
Income (loss) from discontinued operations Equity in undistributed earnings (losses) from discontinued	(60)	(80)	211
operations*	222	296	578
Income (loss) from discontinued operations	162	216	789
Net income (loss)	\$ 17,724	\$ (53,455)	\$ 70,159

The condensed financial statements should be read in conjunction with the consolidated financial statements and notes thereto of HealthMarkets, Inc. and Subsidiaries.

^{*} Eliminated in consolidation.

See report of Independent Registered Public Accounting Firm.

F-86

CONDENSED FINANCIAL INFORMATION OF REGISTRANT HEALTHMARKETS, INC. (HOLDING COMPANY)

CONDENSED STATEMENTS OF CASH FLOWS

	For the 2009	Year Ended Decen 2008 (In thousands)	aber 31, 2007
Operating Activities Net Income Adjustments to reconcile net income to net cash (used in)	\$ 17,724	\$ (53,455)	\$ 70,159
provided by operating activities: (Income) loss from discontinued operations Equity in undistributed earnings (loss) of subsidiaries of	60	80	(211)
discontinued operations* Deficit (equity) in undistributed earnings of continuing operations* Equity based compensation Change in other receivables	(222) (43,093) 1,271	(296) 44,411 (1,906)	(578) 187,083 1,326 479
Change in other receivables Change in accrued expenses and other liabilities Deferred income tax (benefit) change Change in federal income tax refundable Other items, net	4,893 4,009 4,159 4,883	(398) 2,148 (9,249) 112	(5,635) 4,612 12,717 (26)
Cash provided by (used in) continuing operations Cash provided by (used in) discontinued operations	(6,316) (518)	(18,553) (505)	269,926 (1,159)
Net cash provided by (used in) Operating Activities	(6,834)	(19,058)	268,767
Investing Activities Sales, maturities, calls and redemptions of securities available for sale Purchases of available for sale securities Increase in investments in and advances to subsidiaries	15,300	78,376	(20,500) 35,145
Net cash provided by Investing Activities	15,300	78,376	14,645
Financing Activities Exercise of stock options Tax benefits from share-based compensation Purchase of treasury stock Proceeds from shares issued to officers, directors and agent plans Payments of dividends to shareholders Other changes in equity	(1,673) (21,152) 8,005	335 (578) (58,054) 12,552	1,164 313 (41,535) 41,790 (316,996) 449
Net cash used in Financing Activities	(14,820)	(45,745)	(314,815)

Decrease in cash Cash and Cash Equivalents at beginning of period	(6,354) 30,748	13,573 17,175	(31,403) 48,578
Cash and Cash Equivalents at end of period	\$ 24,394	\$ 30,748	\$ 17,175

The condensed financial statements should be read in conjunction with the consolidated financial statements and notes thereto of HealthMarkets, Inc. and Subsidiaries.

See report of Independent Registered Public Accounting Firm.

F-87

^{*} Eliminated in consolidation.

SCHEDULE III

HEALTHMARKETS, INC. AND SUBSIDIARIES

SUPPLEMENTARY INSURANCE INFORMATION

Col. A	Col. B Deferred Policy Acquisition Costs		Col. C Future Policy Benefits Losses, Claims, and Loss Expenses (In tho		Col. D Unearned Premiums ousands)		Col. E Policyholder Funds	
December 31, 2009:								
Self-Employed Agency Division	\$	63,947	\$	442,738	\$	45,287	\$	2,084
Disposed Operations		392		359,234		1,022		6,163
Total	\$	64,339	\$	801,972	\$	46,309	\$	8,247
December 31, 2008:								
Self-Employed Agency Division	\$	71,649	\$	498,306	\$	56,094	\$	2,908
Disposed Operations		502		403,616		5,397		6,725
Total	\$	72,151	\$	901,922	\$	61,491	\$	9,633
December 31, 2007:								
Self-Employed Agency Division	\$	89,104	\$	478,266	\$	65,690	\$	3,458
Disposed Operations		108,875		420,110		26,576		7,306
Total	\$	197,979	\$	898,376	\$	92,266	\$	10,764

See report of Independent Registered Public Accounting Firm.

F-88

SCHEDULE III

HEALTHMARKETS, INC. AND SUBSIDIARIES

SUPPLEMENTARY INSURANCE INFORMATION

	Col. F Premium Revenue		Col. G Investment Income(1)		Expenses		Col. I Amortization of Deferred Policy Acquisition Costs ousands)		Col. J Other Operating Expenses(2)		Col. K Premiums Written	
2009: Self-Employed Agency Division Disposed Operations	\$	973,331 6,618	\$	26,427 1,830	\$	578,361 6,517	\$	87,865 503	\$	216,034 4,451		
Disposed Operations	\$	979,949	\$	28,257	\$	•	\$	88,368	\$	220,485	\$	964,768
2008: Self-Employed Agency Division Disposed Operations	\$	1,140,499 159,937	\$	29,149 12,490		729,746 127,249	\$	102,352 24,150	\$	281,915 54,753		
2007:	\$	1,300,436	\$	41,639	\$	856,995	\$	126,502	\$	336,668	\$	1,269,661
Self-Employed Agency Division Disposed Operations	\$	1,282,249 99,944	\$	30,840 22,201	\$	735,701 66,082	\$	120,729 17,645	\$	306,210 39,992		
	\$	1,382,193	\$	53,041	\$	801,783	\$	138,374	\$	346,202	\$	1,379,522

See report of Independent Registered Public Accounting Firm.

⁽¹⁾ Allocations of Net Investment Income and Other Operating Expenses are based on a number of assumptions and estimates, and the results would change if different methods were applied.

⁽²⁾ Other operating expenses include underwriting, acquisition and insurance expenses and other income and expenses allocable to the respective division.

F-89

SCHEDULE IV

HEALTHMARKETS, INC. AND SUBSIDIARIES

REINSURANCE

	Gross Amount	Ceded	A	ssumed	N	et Amount	Percentage of Amount Assumed to Net
		(Do	llars	in thousa	ands)	
Year Ended December 31, 2009 Life insurance in force	\$ 7,447,925	\$ 7,181,574	\$	226	\$	266,577	0.1%
Premiums earned: Life insurance Health insurance	\$ 60,252 985,249	\$ 57,892 11,768	\$	21 4,087	\$	2,381 977,568	0.9% 0.4%
	\$ 1,045,501	\$ 69,660	\$	4,108	\$	979,949	
Year Ended December 31, 2008 Life insurance in force	\$ 8,937,465	\$ 8,591,653	\$	47,815	\$	393,627	12.1%
Premiums earned: Life insurance Health insurance	\$ 87,716 1,333,248	\$ 52,087 94,471	\$	2,395 23,635	\$	38,024 1,262,412	6.3% 1.9%
	\$ 1,420,964	\$ 146,558	\$	26,030	\$	1,300,436	
Year Ended December 31, 2007 Life insurance in force	\$ 9,108,792	\$ 2,318,846	\$	51,728	\$	6,841,674	0.8%
Premiums earned: Life insurance Health insurance	\$ 78,827 1,479,513	\$ 9,834 196,927	\$	1,467 29,147	\$	70,460 1,311,733	2.1% 2.2%
	\$ 1,558,340	\$ 206,761	\$	30,614	\$	1,382,193	

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F-90

SCHEDULE V

HEALTHMARKETS, INC. AND SUBSIDIARIES

VALUATION AND QUALIFYING ACCOUNTS

	Balance at Beginning of Period	Additions Cost and Expenses	Increase in Carrying Value (In thousands)	Recoveries/ Amounts Charged Off	Deductions/ Balance at End of Period
Allowance for losses:					
Year ended December 31, 2009:					
Agents receivables	\$ 2,660	\$ 2,526	\$	\$ (2,892)	\$ 2,294
Student loans	11,695	2,560		(2,223)	12,032
Other receivables					
Mortgage loans	2	(2)			
Year ended December 31, 2008:					
Agents receivables	\$ 3,488	\$ 2,444	\$	\$ (3,272)	\$ 2,660
Student loans	2,925	10,984		(2,214)	11,695
Other receivables					
Mortgage loans	5			(3)	2
Year ended December 31, 2007:					
Agents receivables	\$ 4,164	\$ 2,937	\$	\$ (3,613)	\$ 3,488
Student loans	3,256	2,025		(2,356)	2,925
Other receivables	668			(668)	
Mortgage loans	33			(28)	5

See report of Independent Registered Public Accounting Firm.

F-91

EXHIBIT INDEX

Exhibit Number	Description of Exhibit
3.1	Certificate of Incorporation of HealthMarkets, Inc. as amended May 22, 2008, filed as exhibit 3.1 to Form 10-Q dated June 30, 2008, File No. 001-14953, and incorporated by reference herein.
3.2	Amended Bylaws of HealthMarkets, Inc., filed as exhibit 3.2 to Form 10-Q dated June 30, 2008, File No. 001-14953, and incorporated by reference herein.
4.1	Amended and Restated Trust Agreement, dated as of April 5, 2006, among HealthMarkets, LLC, La Salle National Bank National Association, Christiana Bank and Trust Company, and certain administrative trustees named therein (HealthMarkets Capital Trust I), filed as Exhibit 4.1 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.2	Amended and Restated Trust Agreement, dated as of April 5, 2006, among HealthMarkets, LLC, La Salle National Bank National Association, Christiana Bank and Trust Company, and certain administrative trustees named therein (HealthMarkets Capital Trust II), filed as Exhibit 4.1 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.3	Junior Subordinated Indenture, dated as of April 5, 2006, between HealthMarkets, LLC and La Salle National Bank National Association (HealthMarkets Capital Trust I), filed as Exhibit 4.3 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.4	Junior Subordinated Indenture, dated as of April 5, 2006, between HealthMarkets, LLC and La Salle National Bank National Association (HealthMarkets Capital Trust II), filed as Exhibit 4.4 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.5	Guarantee Agreement, dated as of April 5, 2006, between HealthMarkets, LLC and La Salle National Bank National Association (HealthMarkets Capital Trust I), filed as Exhibit 4.5 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.6	Guarantee Agreement, dated as of April 5, 2006 between HealthMarkets, LLC and La Salle National Bank National Association (HealthMarkets Capital Trust II), filed as Exhibit 4.6 to the Current Report on Form 8K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
4.7	Specimen Stock Certificate of Class A-1 Common Stock, filed as Exhibit 4.7 to the Annual Report on Form 10-K dated March 18, 2009, File No. 001-14953, and incorporated by reference herein.
4.8	Specimen Stock Certificate of Class A-2 Common Stock, filed as Exhibit 4.8 to the Annual Report on Form 10-K dated March 18, 2009, File No. 001-14953, and incorporated by reference herein
10.01	General and First Supplemental Indenture between CLFD-I, Inc. and Zions First National Bank, as Trustee relating to the Student Loan Asset Backed Notes dated as of April 1, 2001, filed as Exhibit 10.66 to the Company s 2001 Annual Report on Form 10-K, File No. 001-14953, filed with the Securities and Exchange Commission on March 22, 2002 and incorporated by reference herein.
10.02	Second Supplemental Indenture, dated as of April 1, 2002, between CFLD-I, Inc. and Zions First National Bank, as Trustee, relating to \$50,000,000 CFLD-I, Inc. Student Loan Asset Backed Notes, Senior Series 2002A-1 (Auction Rate Certificates) filed as Exhibit 10.69 to the Form 10-Q dated June 30, 2002, File No. 001-14953, and incorporated by reference herein.
10.03	Third Supplemental Indenture, dated as of April 1, 2002, between CFLD-I, Inc. and Zions First National Bank, as Trustee, amending General Indenture, dated as of April 1, 2001, relating to CFLD-I, Inc. Student Loan Asset Backed Notes filed as Exhibit 10.70 to the Form 10-Q dated June 30, 2002,

10.04	File No. 001-14953, and incorporated by reference herein. Amended and Restated Trust Agreement among UICI, JP Morgan Chase Bank, Chase Manhattan Bank USA, National Association, and The Administrative Trustees dated April 29, 2004 and
	incorporated by reference herein.
10.05	Vendor Agreement, dated as of January 1, 2005 between The MEGA Life and Health Insurance
	Company and the National Association for the Self-Employed filed as exhibit 10.91 to the Form 10-Q
	dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.06	Vendor Agreement, dated as of January 1, 2005 between The MEGA Life and Health Insurance
	Company and Americans for Financial Security, Inc. filed as exhibit 10.92 to the Form 10-Q dated
	June 30, 2005, File No. 001-14953, and incorporated by reference herein.

Exhibit Number	Description of Exhibit
10.07	Amended and Restated Vendor Agreement, dated as June 1, 2005, between Mid-West National Life Insurance Company of Tennessee and Alliance for Affordable Services filed as exhibit 10.93 to the Form 10-Q dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.08	Vendor Agreement, dated as of January 1, 2005 between The Chesapeake Life Insurance Company and Alliance for Affordable Services filed as exhibit 10.94 to the Form 10-Q dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.09	Field Services Agreement, dated as of January 1, 2005, between Performance Driven Awards, Inc. and the National Association for the Self-Employed filed as exhibit 10.103 to the Form 10-Q dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.10	Field Services Agreement, dated as of January 1, 2005, between Performance Driven Awards, Inc. and Americans for Financial Security, Inc. filed as exhibit 10.104 to the Form 10-Q dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.11	Field Services Agreement, dated as of January 1, 2005, between Success Driven Awards, Inc. and Alliance for Affordable Services filed as exhibit 10.105 to the Form 10-Q dated June 30, 2005, File No. 001-14953, and incorporated by reference herein.
10.12	Credit Agreement, dated as of April 5, 2006, among UICI, HealthMarkets, LLC, JPMorgan Chase Bank, N.A., as Administrative Agent and L/C Issuer, each lender from time to time party thereto, Morgan Stanley Senior Funding Inc., as Syndication Agent, and Goldman Sachs Credit Partners L.P., as Documentation Agent, filed as Exhibit 10.1 to the Current Report on Form 8-K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
10.13	Stockholders Agreement, dated as of April 5, 2006, by and among UICI and certain stockholders named therein, filed as Exhibit 4.1 to Post-Effective Amendment No. 1 to Registration Statement on Form S-8 filed on April 6, 2006, File No. 033-77690, and incorporated by reference herein.
10.14	Registration Rights and Coordination Committee Agreement, dated as of April 5, 2006, by and among UICI and certain stockholders named therein, filed as Exhibit 10.3 to the Current Report on Form 8-K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
10.15	Purchase Agreement, dated as of March 7, 2006, among Premium Finance LLC, Mulberry Finance Co., Inc., DLJMB IV First Merger LLC, Merrill Lynch International, and First Tennessee Bank National Association, filed as Exhibit 10.4 to the Current Report on Form 8-K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
10.16	Assignment and Assumption and Amendment Agreement, dated as of April 5, 2006, among HealthMarkets, LLC, HealthMarkets Capital Trust I, HealthMarkets Capital Trust II, Premium Finance LLC, Mulberry Finance Co., Inc., DLJMB IV First Merger LLC, First Tennessee Bank National Association, Merrill Lynch International and ALESCO Preferred Funding X, Ltd., filed as Exhibit 10.5 to the Current Report on Form 8-K dated April 5, 2006, File No. 001-14953, and incorporated by reference herein.
10.17	HealthMarkets, Inc. InVest Stock Ownership Plan (Effective January 1, 2010), filed as Exhibit 99.1 to Registration Statement on Form S-8 filed on December 15, 2009, File No. 333-163726, and incorporated by reference herein.
10.18*	Second Amended and Restated HealthMarkets 2006 Management Option Plan, filed as Exhibit A to the Company s Schedule 14C, File No. 001-14953, filed with the Securities and Exchange Commission on November 10, 2009, and incorporated by reference herein.
10.19*	Form of Nonqualified Stock Option Agreement among HealthMarkets, Inc. and various optionees, filed as Exhibit 10.2 to the Current Report on Form 8-K dated May 8, 2006, File No. 001-14953, and incorporated by reference herein.

Future Transactions Fee Agreement, dated as of May 11, 2006, between HealthMarkets, Inc. and Blackstone Management Partners IV L.L.C., filed as Exhibit 10.1 to the Current Report on Form 8-K dated May 11, 2006, File No. 001-14953, and incorporated by reference herein.
Future Transactions Fee Agreement, dated as of May 11, 2006, between HealthMarkets, Inc. and Goldman Sachs & Co., filed as Exhibit 10.2 to the Current Report on Form 8-K dated May 11, 2006, File No. 001-14953, and incorporated by reference herein.

Exhibit Number	Description of Exhibit
10.22	Future Transactions Fee Agreement, dated as of May 11, 2006, between HealthMarkets, Inc. and DLJ Merchant Banking, Inc., filed as Exhibit 10.3 to the Current Report on Form 8-K dated May 11, 2006, File No. 001-14953, and incorporated by reference herein.
10.23	Termination Agreement, dated as of May 19, 2006, between HealthMarkets, Inc. and Special Investment Risks Limited, filed as Exhibit 10.2 to the Current Report on Form 8-K dated May 19, 2006, File No. 001-14953, and incorporated by reference herein.
10.24*	Subscription Agreement, dated June 13, 2006, between HealthMarkets, Inc. and Steven J. Shulman, filed as Exhibit 10.1 to the Current Report on Form 8-K dated June 9, 2006, File No. 001-14953, and incorporated by reference herein.
10.25*	Nonqualified Stock Option Agreement dated as of June 9, 2006, between HealthMarkets, Inc. and Steven J. Shulman, filed as Exhibit 10.2 to the Current Report on Form 8-K dated June 9, 2006, File No. 001-14953, and incorporated by reference herein.
10.26	Advisory Fee Agreement, dated as of August 18, 2006, between The MEGA Life and Health Insurance Company and the Blackstone Group, L.P. filed as Exhibit 10.111 to Company s 2006 Annual Report on Form 10-K, File No. 001-14953, filed with the Securities and Exchange Commission on April 2, 2007 and incorporated by reference herein.
10.27	Placement Fee Agreement, dated as of August 18, 2006, between HealthMarkets, Inc. and The Blackstone Group, L.P., filed as Exhibit 10.112 to Company s 2006 Annual Report on Form 10-K, File No. 001-14953, filed with the Securities and Exchange Commission on April 2, 2007 and incorporated by reference herein.
10.28	Amendment dated as of December 29, 2006 to Advisory Fee Agreement, dated as of August 18, 2006, between The MEGA Life and Health Insurance Company and the Blackstone Group, L.P., filed as Exhibit 10.113 to Company s 2006 Annual Report on Form 10-K, File No. 001-14953, filed with the Securities and Exchange Commission on April 2, 2007 and incorporated by reference herein.
10.29	Regulatory Settlement Agreement entered into as of May 29, 2008 by and among The MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee and Chesapeake Life Insurance Company and the signatory regulators, filed as Exhibit 10.1 to the Current Report on Form 10-Q dated June 30, 2008, File No. 001-14953, and incorporated by reference herein.
10.30	Agreement for Reinsurance and Purchase and Sale of Assets by and among The Chesapeake Life Insurance Company, Mid-West National Life Insurance Company of Tennessee, The MEGA Life and Health Insurance Company, HealthMarkets, LLC and Wilton Reassurance Company, filed as Exhibit 10.1 to the Current Report on Form 8-K dated June 12, 2008, File No. 001-14953, and incorporated by reference herein.
10.31	Settlement Agreement, dated as of August 26, 2009, by and between The MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company and the Commissioner of the Massachusetts Division of Insurance, filed as exhibit 10.1 to the Current Report on Form 8-K dated August 26, 2009, File No. 001-14953, and incorporated by reference herein.
10.32	Final Judgment by Consent, dated August 31, 2009, in the matter Commonwealth of Massachusetts v. The MEGA Life and Health Insurance Company <i>et al.</i> , filed as exhibit 10.2 to the Current Report on Form 8-K dated August 26, 2009, File No. 001-14953, and incorporated by reference herein.
10.33*+	

		Employment Agreement, dated September 8, 2009, between the Company and Phillip Hildebrand,
		filed as Exhibit 10.3 to the Current Report on Form 10-Q dated September 30, 2009, File
		No. 001-14953, and incorporated by reference herein.
1	0.34*	Nonqualified Stock Option Agreement, dated September 8, 2009, between the Company and Phillip
		Hildebrand, filed as Exhibit 10.4 to the Current Report on Form 10-Q dated September 30, 2009,
		File No. 001-14953, and incorporated by reference herein.
1	0.35*	Restricted Share Agreement, dated September 8, 2009, between the Company and Phillip
		Hildebrand, filed as Exhibit 10.5 to the Current Report on Form 10-Q dated September 30, 2009,
		File No. 001-14953, and incorporated by reference herein.
1	0.36*	Special Restricted Share Agreement, dated September 8, 2009, between the Company and Phillip
		Hildebrand, filed as Exhibit 10.6 to the Current Report on Form 10-Q dated September 30, 2009,
		File No. 001-14953, and incorporated by reference herein.
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Exhibit Number	Description of Exhibit
10.37*	Subscription Agreement, dated June 30, 2008, between the Company and Phillip Hildebrand, filed as Exhibit 10.7 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.38*+	Employment Agreement, dated September 8, 2009, between the Company and Anurag Chandra, filed as Exhibit 10.8 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.39*	Nonqualified Stock Option Agreement, dated September 8, 2009, between the Company and Anurag Chandra, filed as Exhibit 10.9 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.40*	Restricted Share Agreement, dated September 8, 2009, between the Company and Anurag Chandra, filed as Exhibit 10.10 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.41*+	Employment Agreement, dated September 8, 2009, between the Company and Steven P. Irwin, filed as Exhibit 10.11 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.42*+	Employment Agreement, dated September 8, 2009, between the Company and B. Curtis Westen, filed as Exhibit 10.12 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
10.43*	Employment Agreement, dated December 18, 2006, between the Company and Jack V. Heller and amendment thereto dated September 10, 2009, filed as Exhibit 10.13 to the Current Report on Form 10-Q dated September 30, 2009, File No. 001-14953, and incorporated by reference herein.
21	Subsidiaries of HealthMarkets
23	Consent of Independent Registered Public Accounting Firm
24	Power of Attorney
31.1	Certification of Chief Executive Officer pursuant to Section 3.02 of the Sarbanes-Oxley Act of 2002.
31.2	Certification of Chief Financial Officer pursuant to Section 3.02 of the Sarbanes-Oxley Act of 2002.
32	Certification pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.

^{*} Indicates that exhibit constitutes an Executive Compensation Plan or Arrangement

⁺ The Company has requested confidential treatment of the redacted portions of this exhibit pursuant to Rule 24b-2 under the Securities Exchange Act of 1934, as amended, and has separately filed a complete copy of this exhibit with the Securities and Exchange Commission.