



ANNUAL STATEMENT

For the Year Ended December 31, 2014
of the Condition and Affairs of the

RiverLink Health

NAIC Group Code.....4807, 4807
(Current Period) (Prior Period)
Organized under the Laws of Ohio
Licensed as Business Type.....Health Care Service Contractor
Incorporated/Organized..... December 18, 2013
Statutory Home Office
Main Administrative Office
Mail Address
Primary Location of Books and Records
Internet Web Site Address
Statutory Statement Contact

NAIC Company Code..... 15499
State of Domicile or Port of Entry Ohio
10496 Montgomery Road, Suite 212..... Cincinnati OH US 45242
(Street and Number) (City or Town, State, Country and Zip Code)
198 Inverness Drive West..... Englewood CO US 80112
(Street and Number) (City or Town, State, Country and Zip Code)
198 Inverness Drive West..... Englewood CO US 80112
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)
32129 Weyerhaeuser Way S, Suite 201..... Federal Way WA US 98001
(Street and Number) (City or Town, State, Country and Zip Code)
www.RiverLinkHealth.com
Thuy Le
(Name)
t.le@soundpathhealth.com
(E-Mail Address)

Employer's ID Number..... 46-4380824
Country of Domicile US
Is HMO Federally Qualified? Yes [X] No []
Commenced Business..... January 1, 2015
303-298-9100
(Area Code) (Telephone Number)
253-517-4300
(Area Code) (Telephone Number)
253-517-4340
(Area Code) (Telephone Number) (Extension)
253-779-8829
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Christine Catherine Mulheran #	President	2. Steven Charles Schramm #	Chief Financial Officer and Treasurer
3.		4.	

OTHER




Mark Fred Bjornson #	Chief Executive Officer and Chairman	Christine Catherine Mulheran #	President
Federick Hart Davis #	Secretary		

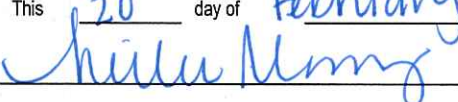
DIRECTORS OR TRUSTEES

Juan Ricardo Serrano #

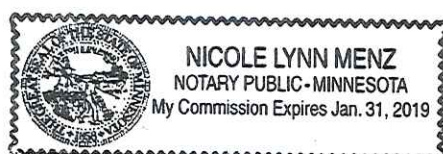
State of.....
County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 (Signature) Christine Catherine Mulheran 1. (Printed Name) President (Title)	 (Signature) Steven Charles Schramm 2. (Printed Name) Chief Financial Officer and Treasurer (Title)	 (Signature) 3. (Printed Name) (Title)
---	--	--

Subscribed and sworn to before me
This 20 day of February 2015


a. Is this an original filing? Yes [X] No []
b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached





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Federick Hart Davis #
FREDERICK
HART DAVIS

DIRECTORS OR TRUSTEES

Juan Ricardo Serrano #

State of.....
County of.....

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1. (Printed Name) President	2. (Printed Name) Chief Financial Officer and Treasurer	3. (Printed Name)
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 20TH day of FEB 2015

KRISTIN L.B. LYONS
WA KING COUNTY
EXPIRES: NOV 2017
KRISTIN L.B. LYONS

a. Is this an original filing? Yes [X] No []
b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached



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(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2015	a. Is this an original filing? Yes [X] No [] b. If no 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	3,389,909		3,389,909	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....23,043, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	23,043		23,043	
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,412,952	.0	3,412,952	.0
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	5,378		5,378	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,418,330	.0	3,418,330	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	3,418,330	.0	3,418,330	.0
DETAILS OF WRITE-INS				
1101.0	
1102.0	
1103.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501.0	
2502.0	
2503.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0	.0	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....			0	
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....			0	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....640 on realized capital gains (losses)).....	6,416		6,416	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	6,416	0	6,416	0
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	3,400,000	
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	11,914	
32. Less treasury stock at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	3,411,914	0
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,418,330	0

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX		
2. Net premium income (including \$.....0 non-health premium income).....	XXX		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues.....	XXX	.0	.0
8. Total revenues (Lines 2 to 7).....	XXX	.0	.0
Hospital and Medical:			
9. Hospital/medical benefits.....			
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	.0	.0	.0
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	.0	.0	.0
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			
21. General administrative expenses.....			
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	.0	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	.0	.0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		16,448	
26. Net realized capital gains or (losses) less capital gains tax of \$....659.....		1,223	
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	17,671	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	17,671	.0
31. Federal and foreign income taxes incurred.....	XXX	5,757	
32. Net income (loss) (Lines 30 minus 31).....	XXX	11,914	.0

DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	.0	.0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	.0	.0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	.0	.0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.0	.0	.0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	.0	.0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....0
34. Net income or (loss) from Line 32.....11,9140
35. Change in valuation basis of aggregate policy and claim reserves.....
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....
37. Change in net unrealized foreign exchange capital gain or (loss).....
38. Change in net deferred income tax.....
39. Change in nonadmitted assets.....
40. Change in unauthorized and certified reinsurance.....
41. Change in treasury stock.....
42. Change in surplus notes.....
43. Cumulative effect of changes in accounting principles.....
44. Capital changes:		
44.1 Paid in.....
44.2 Transferred from surplus (Stock Dividend).....
44.3 Transferred to surplus.....
45. Surplus adjustments:		
45.1 Paid in.....3,400,000
45.2 Transferred to capital (Stock Dividend).....
45.3 Transferred from capital.....
46. Dividends to stockholders.....
47. Aggregate write-ins for gains or (losses) in surplus.....00
48. Net change in capital and surplus (Lines 34 to 47).....3,411,9140
49. Capital and surplus end of reporting period (Line 33 plus 48).....3,411,9140

DETAILS OF WRITE-INS		
4701.
4702.
4703.
4798. Summary of remaining write-ins for Line 47 from overflow page.....00
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....00

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	15,005	
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	15,005	0
5. Benefit and loss related payments.....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....		
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	0	0
11. Net cash from operations (Line 4 minus Line 10).....	15,005	0
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,614,681	
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,614,681	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,006,643	
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,006,643	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(3,391,962)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....	3,400,000	
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	3,400,000	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	23,043	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	0	
19.2 End of year (Line 18 plus Line 19.1).....	23,043	0
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

[illegible]

DETAILS OF WRITE-INS

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical).....			0
2.	Medicare supplement.....			0
3.	Dental only.....			0
4.	Vision only.....			0
5.	Federal employees health benefits plan.....			0
6.	Title XVIII - Medicare.....			0
7.	Title XIX - Medicaid.....			0
8.	Other health.....			0
9.	Health subtotal (Lines 1 through 8).....0000
10.	Life.....			0
11.	Property/casualty.....			0
12.	Totals (Lines 9 to 11).....0000

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	0									
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	.0									
1.2 Reinsurance assumed.....	.0									
1.3 Reinsurance ceded.....	.0									
1.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but unreported:										
2.1 Direct.....	.0									
2.2 Reinsurance assumed.....	.0									
2.3 Reinsurance ceded.....	.0									
2.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	.0									
3.2 Reinsurance assumed.....	.0									
3.3 Reinsurance ceded.....	.0									
3.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Totals:										
4.1 Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical).....				0
2. Medicare supplement.....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 to 8).....000000
10. Healthcare receivables (a).....				0
11. Other non-health.....				0
12. Medical incentive pools and bonus amounts.....				0
13. Totals (Lines 9 - 10 + 11 + 12).....000000

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....				0.0	0.0	0.0			0	0.0
2. 2011.....				0.0	0	0.0			0	0.0
3. 2012.....				0.0	0	0.0			0	0.0
4. 2013.....				0.0	0	0.0			0	0.0
5. 2014.....				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

12.D0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

12.VO

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	NONE				
2. 2010.....					
3. 2011.....		XXX			
4. 2012.....		XXX	XXX		
5. 2013.....		XXX	XXX	XXX	
6. 2014.....		XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....					NONE	0.0			0	0.0
2. 2011.....				0.0		0.0			0	0.0
3. 2012.....				0.0		0.0			0	0.0
4. 2013.....				0.0		0.0			0	0.0
5. 2014.....				0.0		0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....0
2. Additional policy reserves (a).....0
3. Reserve for future contingent benefits.....0
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....0
5. Aggregate write-ins for other policy reserves.....000000000
6. Totals (gross).....000000000
7. Reinsurance ceded.....0
8. Totals (net) (Page 3, Line 4).....000000000
9. Present value of amounts not yet due on claims.....0
10. Reserve for future contingent benefits.....0
11. Aggregate write-ins for other claim reserves.....000000000
12. Totals (gross).....000000000
13. Reinsurance ceded.....0
14. Totals (net) (Page 3, Line 7).....000000000

DETAILS OF WRITE-INS

0501.0
0502.0
0503.0
0598. Summary of remaining write-ins for Line 5 from overflow page.....000000000
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....000000000
1101.0
1102.0
1103.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....000000000
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....000000000

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
	General Administrative Expenses	Investment Expenses	Total		
1. Rent (\$.....0 for occupancy of own building).....					0
2. Salaries, wages and other benefits.....					0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					0
4. Legal fees and expenses.....					0
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....					0
7. Traveling expenses.....					0
8. Marketing and advertising.....					0
9. Postage, express and telephone.....					0
10. Printing and office supplies.....					0
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....					0
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....					0
17. Collection and bank service charges.....					0
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	0	0	0	(a) 0
27. Less expenses unpaid December 31, current year.....					0
28. Add expenses unpaid December 31, prior year.....					0
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	0	0	0	0

DETAILS OF WRITE-INS

2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0	0

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....15,00716,447
1.1	Bonds exempt from U.S. tax.....	(a).....
1.2	Other bonds (unaffiliated).....	(a).....
1.3	Bonds of affiliates.....	(a).....
2.1	Preferred stocks (unaffiliated).....	(b).....
2.11	Preferred stocks of affiliates.....	(b).....
2.2	Common stocks (unaffiliated).....
2.21	Common stocks of affiliates.....
3.	Mortgage loans.....	(c).....
4.	Real estate.....	(d).....
5.	Contract loans.....
6.	Cash, cash equivalents and short-term investments.....	(e).....
7.	Derivative instruments.....	(f).....
8.	Other invested assets.....
9.	Aggregate write-ins for investment income.....	0	0
10.	Total gross investment income.....	15,007	16,447
11.	Investment expenses.....		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....
13.	Interest expense.....		(h).....
14.	Depreciation on real estate and other invested assets.....		(i).....0
15.	Aggregate write-ins for deductions from investment income.....		0
16.	Total deductions (Lines 11 through 15).....		0
17.	Net investment income (Line 10 minus Line 16).....		16,447

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.		
1502.		
1503.		
1598.	Summary of remaining write-ins for Line 15 from overflow page.....		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....		0
(a)	Includes \$.....2,444 accrual of discount less \$.....6,381 amortization of premium and less \$....(2,317) paid for accrued interest on purchases.		
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.		
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....1,882		1,882		
1.1	Bonds exempt from U.S. tax.....		0		
1.2	Other bonds (unaffiliated).....		0		
1.3	Bonds of affiliates.....		0		
2.1	Preferred stocks (unaffiliated).....		0		
2.11	Preferred stocks of affiliates.....		0		
2.2	Common stocks (unaffiliated).....		0		
2.21	Common stocks of affiliates.....		0		
3.	Mortgage loans.....		0		
4.	Real estate.....		0		
5.	Contract loans.....		0		
6.	Cash, cash equivalents and short-term investments.....		0		
7.	Derivative instruments.....		0		
8.	Other invested assets.....		0		
9.	Aggregate write-ins for capital gains (losses).....0	0	0	0	0
10.	Total capital gains (losses).....1,882	0	1,882	0	0

DETAILS OF WRITE-INS

0901.		0		
0902.		0		
0903.		0		
0998.	Summary of remaining write-ins for Line 9 from overflow page....0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....		0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....		0
2.2 Common stocks.....		0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....		0
3.2 Other than first liens.....		0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....		0
4.2 Properties held for the production of income.....		0
4.3 Properties held for sale.....		0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....		0
6. Contract loans.....		0
7. Derivatives (Schedule DB).....		0
8. Other invested assets (Schedule BA).....		0
9. Receivables for securities.....		0
10. Securities lending reinvested collateral assets (Schedule DL).....		0
11. Aggregate write-ins for invested assets.....000
12. Subtotals, cash and invested assets (Lines 1 to 11).....000
13. Title plants (for Title insurers only).....		0
14. Investment income due and accrued.....		0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....		0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....		0
15.3 Accrued retrospective premiums.....		0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....		0
16.2 Funds held by or deposited with reinsured companies.....		0
16.3 Other amounts receivable under reinsurance contracts.....		0
17. Amounts receivable relating to uninsured plans.....		0
18.1 Current federal and foreign income tax recoverable and interest thereon.....		0
18.2 Net deferred tax asset.....		0
19. Guaranty funds receivable or on deposit.....		0
20. Electronic data processing equipment and software.....		0
21. Furniture and equipment, including health care delivery assets.....		0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....		0
23. Receivables from parent, subsidiaries and affiliates.....		0
24. Health care and other amounts receivable.....		0
25. Aggregate write-ins for other than invested assets.....000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....000
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0
28. TOTALS (Lines 26 and 27).....000

DETAILS OF WRITE-INS

1101.0
1102.0
1103.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....000
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....000
2501.0
2502.0
2503.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....000
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....000

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....000000
7. Total.....000000

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....000000
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....000000

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of RiverLink Health (RLH or the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: Administrative Rule 3901-3-18(E)		
SSAP or Appendices	State Law or Regulation	Description
A-001	§§ 3907.14 TO 3907.141 (Life): §§ 3925.05 to 3925.09; § 3925.20 (Non-Life)	Provides limitations on investments that are outside the scope of the Manual.

Such prescribed accounting practices have no significant effect on the Company’s statutory-basis financial statements for the periods presented.

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

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

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Cash and cash equivalents consist primarily of highly liquid instruments which mature within three months from the date of purchase.
- (2) Short-term investments consist primarily of investments purchased with an original maturity of 91 days to one year and certain money-market mutual funds.
- (3) Bonds are stated at amortized cost using the interest method.
- (4) Investments in common stock: None
- (5) Investments in preferred stock: None
- (6) Investments in mortgage loans: None
- (7) Investments in loan-backed securities: None
- (8) Investments in subsidiaries, controlled or affiliated companies: None
- (9) Investments in joint ventures, partnerships and limited liability companies: None
- (10)Investments in derivatives: None

Note 2 - Accounting Changes and Corrections of Errors

None.

Note 3 - Business Combinations and Goodwill

- A. Company has not participated in any statutory purchase during the current reporting period.
- B. The Company has not been a party to a statutory merger during the current reporting period.
- C. Company does not have any goodwill resulting from assumption of reinsurance.
- D. The Company did not recognize an impairment loss on any of the transactions described above.

Note 4 - Discontinued Operations

Company does not have discontinued operations.

NOTES TO FINANCIAL STATEMENTS

Note 5 – Investments

- A. Mortgage Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan-Backed Securities: None.
- E. Repurchase Agreements and/or Securities Lending Transactions: None
- F. Real Estate: None
- G. Low-Income Housing Tax Credits: None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

None

Note 7 - Investment Income

The Company had no investment income that was excluded in 2014. All of the Company's investments and the income derived from such investments meet the criteria for admitted receivables.

Note 8 - Derivative Instruments

None.

Note 9 - Income Taxes

NOTES TO FINANCIAL STATEMENTS

A. Deferred Tax Asset/(Liability)

(1) Components of Deferred Tax Assets (DTA's) and Deferred Tax Liabilities (DTL's):								
Description	2014			2013			Change	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital
a Gross deferred tax assets	-	-	-	-	-	-	-	-
b Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-
c Adjusted gross deferred tax assets (1a-1b)	-	-	-	-	-	-	-	-
d Deferred tax assets nonadmitted	-	-	-	-	-	-	-	-
e Net admitted deferred tax asset (1c-1d)	-	-	-	-	-	-	-	-
f Deferred tax liabilities	-	-	-	-	-	-	-	-
g Net deferred tax asset/(liability)	-	-	-	-	-	-	-	-

(2) Admission Calculation Components under SSAP No. 101

Admission Calculation Components	2014			2013			Change	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital
a								
Federal income taxes paid in prior years recoverable through loss carrybacks	-	-	-	-	-	-	-	-
b								
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lessor of 2(b) 1 and 2(b)2 below:	-	-	-	-	-	-	-	-
(1) Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	-	-	-	-	-
(2) Adjusted gross deferred tax assets allowed per limitation threshold	xxx	xxx	513,520	xxx	xxx		xxx	xxx
c								
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	-	-	-	-	-
d								
Deferred tax assets admitted as the result of application of SSAP 101. Total 2(a) + 2(b) + 2(c)	-	-	-	-	-	-	-	-
Deferred tax Liabilities	-	-	-	-	-	-	-	-
Net Admitted Deferred Tax Asset (Liability)	-	-	-	-	-	-	-	-

(3) Other Admissibility Criteria

	2014	2013
a Ratio percentage used to determine recovery period and threshold limitation amount	>400%	0.00%
b Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b) 2 above.	3,423,465	-

Impact of Tax Planning strategies

a	2014			2013			Change	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital
Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character, as a percentage.								
(1) Adjusted Gross DTAs amount from Note 9A (c).	-	-	-	-	-	-	-	-
(2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies.	-	-	0%	-	-	0%	-	-
(3) Net Admitted Adjusted Gross DTAs amount from Note 9A1 (e).	-	-	-	-	-	-	-	-
(4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.	0%	0%	0%	0%	0%	0%	0%	0%
b Does the company's tax planning strategies include the use of rei	Yes [] No [X]							

B.	There are no deferred tax liabilities for which temporary differences have not been established.				
C.	Current tax and change in deferred tax:				
(1) Current income taxes incurred consist of the following major components:					
		2014	2013	Change	
a	Current federal income tax expense	5,757	-	5,757	
b	Foreign taxes	-	-	-	
c	Subtotal	5,757	-	5,757	
d	Tax on capital gains/(losses)	659	-	659	
e	Utilization of capital loss carryforwards	-	-	-	
f	Other, including prior year underaccrual/(overaccrual)	-	-	-	
g	Federal and foreign income taxes incurred	6,415	-	6,415	

NOTES TO FINANCIAL STATEMENTS

(2)	Deferred Tax Assets:			
		2014	2013	Change
	(a) Ordinary			
	(1) Loss reserve discounting	-		-
	(2) Unearned premium reserves	-		-
	(3) Accruals	-		-
	(4) Net operating losses	-		-
	(5) Credits			
	(6) Other (required to disclose items > 5%)	-		-
	Subtotal	-	-	-
	(b) Statutory Valuation Allowance - Ordinary			
	(c) Nonadmitted Deferred Tax Assets - Ordinary	-		-
	(d) Admitted Deferred Tax Assets - Ordinary	-	-	-
	(e) Capital			
	(1) Investments	-	-	-
	(2) Capital Loss Carryforwards			
	(3) Other (required to disclose items > 5%)			
	(4) Tax effect of unrealized capital losses			
	Gross Capital Deferred Tax Assets	-	-	-
	(f) Statutory Valuation Allowance - Capital			
	(g) Nonadmitted Deferred Tax Assets - Capital			
	(h) Admitted Deferred Tax Assets - Capital	-	-	-
	(i) Total Admitted Deferred Tax Assets	-	-	-
(3)	Deferred Tax Liabilities:			
		2014	2013	Change
	(a) Ordinary			
	(1) Fixed Assets	-		-
	(2) Other (required to disclose items > 5%)	-		-
	Ordinary Deferred Tax Liabilities	-	-	-
	(b) Capital			
	(1) Investments	-	-	-
	(2) Other (required to disclose items > 5%)	-	-	-
	(3) Tax effect of unrealized capital gains	-	-	-
	Capital Deferred Tax Liabilities	-	-	-
	(c) Total Deferred Tax Liabilities	-	-	-
(4)	Net deferred tax assets/liabilities	-	-	-
D.	Reconciliation of Federal Income Tax Rate to Actual Effective Rate			
	The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant items causing this difference are as follows:			
		Amount	Tax Effect	Tax Rate
	Income before taxes	18,329	6,415	35.0%
	Tax exempt interest	-	-	0.0%
	Dividends received deduction	-	-	0.0%
	Meals & Entertainment	-	-	0.0%
	Change in statutory valuation allowance		-	0.0%
	Change in non-admitted assets	-	-	0.0%
	Other, including prior year true-up	-	-	0.0%
	Total statutory income tax	18,329	6,415	35.00%
	Federal income taxes incurred		5,757	314%
	Tax on capital gains/(losses)		659	3.6%
	Prior year overaccrual/(underaccrual)			0.0%
	Change in net deferred income tax [expense/(benefit)]		-	0.0%
	Total statutory income tax		6,415	35.00%
E.	(1) Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits			
		2014	2013	
	The Company had net operating losses of:	0	0	
	The Company had capital loss carryforwards of:	0	0	
	The Company had AMT credit carryforwards of:	-	-	
	There are no Loss Carrybacks or Carryforwards. The AMT credit carryforwards do not expire.			

NOTES TO FINANCIAL STATEMENTS

B. Lessor Leases: None

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of cash, cash equivalents, short-term investments, bonds and receivables.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales: None
- B. Transfers and Servicing of Financial Assets: None
- C. Wash Sales: None

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

- A. ASO Plans: None
- B. ASC Plans: None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract: None

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

The Company does not have direct premium written through/produced by managing general agents or third party administrators.

Note 20 - Fair Value

- A. (1) The Company reports investments at amortized cost.
(2) None.
(3) The Company has no transfers between fair-value levels.
(4) Fair value measurement categorized within Level 2 and Level 3 of the fair value hierarchy: None.
(5) Derivative assets and liabilities: None.
- B. None.
- C. None.
- D. Not Practicable to Estimate Fair Value: None.

Note 21 - Other Items

- A. Extraordinary Items: None
- B. Troubled Debt Restructuring: Debtors – The Company does not have troubled debt restricting.
- C. Other Disclosures:
- D. The Company does not have any receivable balances due from insurance agents or brokers, and it does not have uninsured plans or retrospectively rated contracts. Therefore, there are no balances for assets that would be reasonably possible to be uncollectible.
- E. The Company had no business interruption insurance recoveries.
- F. The Company had no State Transferable Tax Credits.
- G. The Company had no Hybrid Securities reported on Schedule D.
- H. The Company had no investments in Subprime Mortgages.

Note 22 - Events Subsequent

None.

Note 23 - Reinsurance

- A. Ceded Reinsurance Report
Section 1 – General Interrogatories

NOTES TO FINANCIAL STATEMENTS

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directed or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)
- (2) Have any policies issued by the Company been reinsured with a Company chartered in a country other than the United States (excluding U.S.) branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)
- Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than non-payment of premium or other similar credit?

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? When necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0.00

(2) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0.00. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)
- Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.00.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

a. If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments.

B. & C. The Company does not have uncollectible reinsurance or commutation of ceded reinsurance.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A.–C. Estimate accrued retrospective premium: None
- D. Medical Loss Ratio Rebates Required: None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA): None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

None.

Note 26 - Intercompany Pooling Arrangements

None.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

None.

NOTES TO FINANCIAL STATEMENTS

Note 29 - Participating Policies

None.

Note 30 - Premium Deficiency Reserves

None.

Note 31 - Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State regulating? Ohio

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [X] No []

2.2

If yes, date of change:

05/19/2014

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

N/A

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.
This date should be the date of the examined balance sheet and not the date the report was completed or released.

N/A

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

N/A

3.4

By what department or departments?
N/A

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [] No [X]

4.12

renewals?

Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Co. Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

.....%

7.22

State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes []

No [X]

N/A []

10.6

If the answer to 10.5 is no or n/a, please explain.

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes []

No [X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

12.2

If yes, provide explanation.

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [X]

No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes []

No [X]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes []

No []

N/A [X]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X]

No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes []

No [X]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes []

No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes []

No [X]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes [X]

No []

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [X]

No []

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X]

No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes []

No [X]

20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$.....0

20.12

To stockholders not officers

\$.....0

20.13

Trustees, supreme or grand (Fraternal only)

\$.....0

20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$.....0

20.22

To stockholders not officers

\$.....0

20.23

Trustees, supreme or grand (Fraternal only)

\$.....0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes []

No [X]

21.2

If yes, state the amount thereof at December 31 of the current year:

21.21

Rented from others

21.22

Borrowed from others

21.23

Leased from others

21.24

Other

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [☐] No [☒]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

.....

22.22

Amount paid as expenses

.....

22.23

Other amounts paid

.....

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [☐] No [☒]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

.....

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [☒] No [☐]

24.02

If no, give full and complete information relating thereto.

.....

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

.....

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [☐] No [☐] N/A [☒]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

.....

24.06

If answer to 24.04 is no, report amount of collateral for other programs.

.....

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [☐] No [☐] N/A [☒]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [☐] No [☐] N/A [☒]

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes [☐] No [☐] N/A [☒]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

.....

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

.....

24.103

Total payable for securities lending reported on the liability page.

.....

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

Yes [☒] No [☐]

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....0

25.22

Subject to reverse repurchase agreements

\$.....0

25.23

Subject to dollar repurchase agreements

\$.....0

25.24

Subject to reverse dollar repurchase agreements

\$.....0

25.25

Placed under option agreements

\$.....0

25.26

Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$.....0

25.27

FHLB Capital Stock

\$.....0

25.28

On deposit with states

\$.....404,677

25.29

On deposit with other regulatory bodies

\$.....0

25.30

Pledged as collateral - excluding collateral pledged to an FHLB

\$.....0

25.31

Pledged as collateral to FHLB - including assets backing funding agreements

\$.....0

25.32

Other

\$.....0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [☐] No [☒]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [☐] No [☐] N/A [☒]

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [☐] No [☒]

27.2

If yes, state the amount thereof at December 31 of the current year:

.....

28.

Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [☐] No [☒]

28.01

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

1 Name of Custodian(s)	2 Custodian's Address
BNY Mellon Asset Servicing	BNY Mellon Center, 500 Grant Street, Suite 410, Pittsburgh, PA 15258

28.02

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

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

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [☐] No [☒]

28.04

If yes, give full and complete information relating thereto:

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

28.05

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

1 Central Registration Depository Number(s)	2 Name	3 Address
113972	Standish Mellon Asset Management Company LLC	BNY Mellon Center, 201 Washington Street, Bos

29.1

Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [☐] No [☒]

PART 1 - COMMON INTERROGATORIES - INVESTMENT

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....3,389,9093,393,8843,975
30.2 Preferred stocks.....0
30.3 Totals.....3,389,9093,393,8843,975

30.4 Describe the sources or methods utilized in determining the fair values:
Rates from Custodian

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

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

Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	0

34.1 Amount of payments for legal expenses, if any?

\$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	0

NONE

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐]

No [☒]

1.2

If yes, indicate premium earned on U.S. business only

\$.....0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

.....

1.31

Reason for excluding

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

.....

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

.....

1.62

Total incurred claims

.....

1.63

Number of covered lives

.....

All years prior to most current three years:

1.64

Total premium earned

.....

1.65

Total incurred claims

.....

1.66

Number of covered lives

.....

1.7

Group policies:

Most current three years:

1.71

Total premium earned

.....

1.72

Total incurred claims

.....

1.73

Number of covered lives

.....

All years prior to most current three years:

1.74

Total premium earned

.....

1.75

Total incurred claims

.....

1.76

Number of covered lives

.....

2.

Health test:

2.1

Premium Numerator.....

.....

2.2

Premium Denominator.....

.....

2.3

Premium Ratio (2.1/2.2).....

0.0

.....0.0

2.4

Reserve Numerator.....

.....

2.5

Reserve Denominator.....

.....

2.6

Reserve Ratio (2.4/2.5).....

0.0

.....0.0

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits?

Yes [☐]

No [☒]

3.2

If yes, give particulars:

.....

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [☒]

No [☐]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☐]

No [☐]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☐]

No [☒]

5.2

If no, explain:

Stop loss agreement commence 1/1/2015 with inception of Medicare coverage

5.3

Maximum retained risk (see instructions):

5.31

Comprehensive medical

\$.....0

5.32

Medical only

\$.....0

5.33

Medicare supplement

\$.....0

5.34

Dental and vision

\$.....0

5.35

Other limited benefit plan

\$.....0

5.36

Other

\$.....0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

.....

.....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [☒]

No [☐]

7.2

If no, give details:

.....

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

.....0

8.2

Number of providers at end of reporting year

.....0

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [☐]

No [☒]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

.....

9.22

Business with rate guarantees over 36 months

.....

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts?

Yes [☐]

No [☒]

10.2

If yes:

10.21

Maximum amount payable bonuses

.....

10.22

Amount actually paid for year bonuses

.....

10.23

Maximum amount payable withholds

.....

10.24

Amount actually paid for year withholds

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or

11.14 A Mixed Model (combination of above)?

Yes []

No [X]
- 11.2. Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X]

No []
- 11.3. If yes, show the name of the state requiring such net worth.

Ohio
- 11.4. If yes, show the amount required.

\$.....3,000,000
- 11.5. Is this amount included as part of a contingency reserve in stockholder's equity?

Yes []

No [X]
- 11.6. If the amount is calculated, show the calculation:

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Warnen, Hamilton, Clermont, Butler counties

- 13.1. Do you act as a custodian for health savings account?

Yes []

No [X]
- 13.2. If yes, please provide the amount of custodial funds held as of the reporting date.
- 13.3. Do you act as an administrator for health savings accounts?

Yes []

No [X]
- 13.4. If yes, please provide the balance of the funds administered as of the reporting date.
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes []

No []

N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

1	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
Company Name						

15. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

- 15.1 Direct written premium.....

\$.....0
- 15.2 Total incurred claims.....

\$.....0
- 15.3 Number of covered lives.....

.....0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	3,418,330				
2. Total liabilities (Page 3, Line 24).....	6,416				
3. Statutory surplus.....	3,000,000				
4. Total capital and surplus (Page 3, Line 33).....	3,411,914				
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....	17,671				
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	11,914				
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	15,005				
Risk-Based Capital Analysis					
14. Total adjusted capital.....	3,411,914				
15. Authorized control level risk-based capital.....	2,068				
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....					
17. Total member months (Column 6, Line 7).....					
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)...					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....					
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]					
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [☐]No [☐]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			Direct Business Only								
			1	2	3	4	5	6	7	8	9
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama.....	AL								0	
2.	Alaska.....	AK								0	
3.	Arizona.....	AZ								0	
4.	Arkansas.....	AR								0	
5.	California.....	CA								0	
6.	Colorado.....	CO								0	
7.	Connecticut.....	CT								0	
8.	Delaware.....	DE								0	
9.	District of Columbia.....	DC								0	
10.	Florida.....	FL								0	
11.	Georgia.....	GA								0	
12.	Hawaii.....	HI								0	
13.	Idaho.....	ID								0	
14.	Illinois.....	IL								0	
15.	Indiana.....	IN								0	
16.	Iowa.....	IA								0	
17.	Kansas.....	KS								0	
18.	Kentucky.....	KY								0	
19.	Louisiana.....	LA								0	
20.	Maine.....	ME								0	
21.	Maryland.....	MD								0	
22.	Massachusetts.....	MA								0	
23.	Michigan.....	MI								0	
24.	Minnesota.....	MN								0	
25.	Mississippi.....	MS								0	
26.	Missouri.....	MO								0	
27.	Montana.....	MT								0	
28.	Nebraska.....	NE								0	
29.	Nevada.....	NV								0	
30.	New Hampshire.....	NH								0	
31.	New Jersey.....	NJ								0	
32.	New Mexico.....	NM								0	
33.	New York.....	NY								0	
34.	North Carolina.....	NC								0	
35.	North Dakota.....	ND								0	
36.	Ohio.....	OH								0	
37.	Oklahoma.....	OK								0	
38.	Oregon.....	OR								0	
39.	Pennsylvania.....	PA								0	
40.	Rhode Island.....	RI								0	
41.	South Carolina.....	SC								0	
42.	South Dakota.....	SD								0	
43.	Tennessee.....	TN								0	
44.	Texas.....	TX								0	
45.	Utah.....	UT								0	
46.	Vermont.....	VT								0	
47.	Virginia.....	VA								0	
48.	Washington.....	WA								0	
49.	West Virginia.....	WV								0	
50.	Wisconsin.....	WI								0	
51.	Wyoming.....	WY								0	
52.	American Samoa.....	AS								0	
53.	Guam.....	GU								0	
54.	Puerto Rico.....	PR								0	
55.	U.S. Virgin Islands.....	VI								0	
56.	Northern Mariana Islands.....	MP								0	
57.	Canada.....	CAN								0	
58.	Aggregate Other alien.....	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....	XXX	Comp. Col. 1..	Comp. Col. 1..	Comp. Col. 1..	Complete Col. 1....	Comp. Col. 1...	Comp. Col. 1..	Complete Col. 1..	Comp. Col. 1..	
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX								0	
61.	Total (Direct Business).....	(a).....0	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

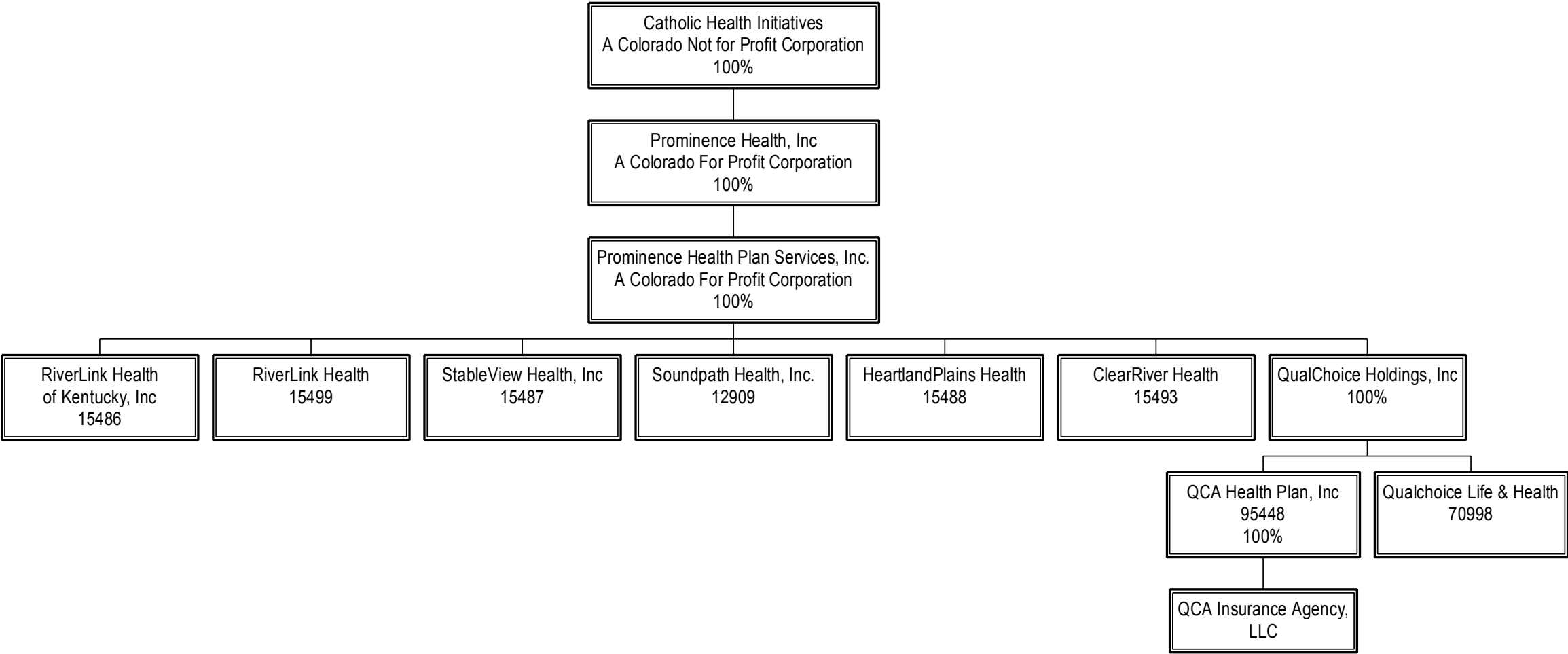
58001.0
58002.0
58003.0
58998. Summary of remaining write-ins for line 58.....	00000000
58999. Total (Lines 58001 thru 58003 + 58998).....	00000000

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

Explanation of basis of allocation by states, premiums by state, etc.

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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