



# HEALTH QUARTERLY STATEMENT

As of September 30, 2015  
of the Condition and Affairs of the

## RiverLink Health

NAIC Group Code.....4807, 4807 (Current Period) (Prior Period) NAIC Company Code..... 15499 Employer's ID Number..... 46-4380824

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Licensed as Business Type Health Insuring Corporation Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized..... December 18, 2013 Commenced Business..... January 1, 2015

Statutory Home Office 10496 Montgomery Road, Suite 212..... Cincinnati ..... OH ..... US ..... 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10496 Montgomery Road, Suite 212..... Cincinnati ..... OH ..... US ..... 45242 303-298-9100  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 32129 Weyerhaeuser Way S, Suite 201..... Federal Way ..... WA ..... US ..... 98001  
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 32129 Weyerhaeuser Way S, Suite 201..... Federal Way ..... WA ..... US ..... 98001 253-517-4300  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340  
(Name) (Area Code) (Telephone Number) (Extension)  
thuy.le@prominencehealth.com 253-517-4385  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Douglas Brian Gullino #	Plan President	2. Steven Charles Schramm	Chief Financial Officer and Treasurer
3.		4.	

### OTHER

Mark Fred Bjornson Chief Executive Officer and Chairman

### DIRECTORS OR TRUSTEES

Charles William Hanson Jennifer Jean Boeff # Christine Catherine Mulheran

State of..... OH  
County of..... Hamilton

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)	(Signature)	(Signature)
Douglas Brian Gullino	Steven Charles Schramm	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Plan President	Chief Financial Officer and Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 28 day of Oct 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 \_\_\_\_\_

ROBERT D. FIELDS  
Notary Public, State of Ohio  
My Comm. Expires Aug. 20, 2018



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### DIRECTORS OR TRUSTEES

Charles William Hanson	Jennifer Jean Boeff #	Christine Catherine Mulheran
------------------------	-----------------------	------------------------------

State of..... Colorado  
County of..... Arapahoe

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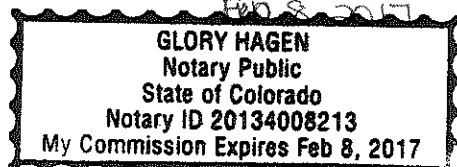
This 27<sup>th</sup> day of October 2015

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	_____

Glory Hagen 20134008213  
Notary Public  
FEB 8, 2017





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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 Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	3,419,473		3,419,473	3,389,909
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$....112,738), cash equivalents (\$.....0) and short-term investments (\$.....0).....	112,738		112,738	23,043
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,532,211	.0	3,532,211	3,412,952
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	6,409		6,409	5,378
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	696		696	
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.....	75,827		75,827	
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.....	92,875		92,875	
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 (\$....31,761) and other amounts receivable.....	31,761		31,761	
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 through 25).....	3,739,779	.0	3,739,779	3,418,330
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	3,739,779	.0	3,739,779	3,418,330

### 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).....	473,543		473,543	
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	788		788	
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.....	3,364		3,364	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	980		980	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.....	93,345		93,345	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	572,020	0	572,020	6,416
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	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	(232,241)	11,914
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	3,167,759	3,411,914
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,739,779	3,418,330

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

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	5,698		
2. Net premium income (including \$.....0 non-health premium income).....	XXX	3,009,305		
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	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	3,009,305	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		2,551,308		
10. Other professional services.....		57,312		
11. Outside referrals.....				
12. Emergency room and out-of-area.....		15,691		
13. Prescription drugs.....		358,314		
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	2,982,625	0	0
<b>Less:</b>				
17. Net reinsurance recoveries.....		75,827		
18. Total hospital and medical (Lines 16 minus 17).....	0	2,906,798	0	0
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....45,584 cost containment expenses.....		94,958		
21. General administrative expenses.....		273,412		
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	3,275,168	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(265,863)	0	0
25. Net investment income earned.....		19,886	10,515	16,448
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		2,801	685	1,223
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	22,687	11,200	17,671
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	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	(243,175)	11,200	17,671
31. Federal and foreign income taxes incurred.....	XXX	980		5,757
32. Net income (loss) (Lines 30 minus 31).....	XXX	(244,155)	11,200	11,914

**DETAILS OF WRITE-INS**

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

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	3,411,914		
34. Net income or (loss) from Line 32.....	(244,155)	11,200	11,914
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (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	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.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(244,155)	3,411,200	3,411,914
49. Capital and surplus end of reporting period (Line 33 plus 48).....	3,167,758	3,411,200	3,411,914

**DETAILS OF WRITE-INS**

4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	3,009,953		
2. Net investment income.....	19,182	8,688	15,005
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	3,029,135	8,688	15,005
5. Benefit and loss related payments.....	2,542,187		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	457,093		
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	6,416		
10. Total (Lines 5 through 9).....	3,005,696	0	0
11. Net cash from operations (Line 4 minus Line 10).....	23,439	8,688	15,005
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,219,643	1,014,014	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).....	1,219,643	1,014,014	1,614,681
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,246,732	4,407,606	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).....	1,246,732	4,407,606	5,006,643
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(27,089)	(3,393,592)	(3,391,962)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....		3,400,000	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).....	93,345		
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	93,345	3,400,000	3,400,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	89,695	15,096	23,043
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	23,043		
19.2 End of period (Line 18 plus Line 19.1).....	112,738	15,096	23,043

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

20.0001 .....			
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### EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at End of:</b>										
1. Prior Year.....	0									
2. First Quarter.....	626							626		
3. Second Quarter.....	637							637		
4. Third Quarter.....	645							645		
5. Current Year.....	0									
6. Current Year Member Months.....	5,698							5,698		
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	4,947							4,947		
8. Non-Physician.....	1,246							1,246		
9. Total.....	6,193	0	0	0	0	0	0	6,193	0	0
10. Hospital Patient Days Incurred.....	206							206		
11. Number of Inpatient Admissions.....	57							57		
12. Health Premiums Written (a).....	3,219,468							3,219,468		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,219,468							3,219,468		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	2,906,798							2,906,798		
18. Amount Incurred for Provision of Health Care Services.....	2,982,625							2,982,625		

007

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....3,219,468.

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

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
Claims Unpaid - Medical.....	1,344					1,344
Claims Unpaid - Pharmacy.....	20,323					20,323
0199999. Individually Listed Claims Unpaid.....	21,667	0	0	0	0	21,667
0499999. Subtotals.....	21,667	0	0	0	0	21,667
0599999. Unreported Claims and Other Claim Reserves.....						451,876
0799999. Total Claims Unpaid.....						473,543

## UNDERWRITING AND INVESTMENT EXHIBIT

### Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the 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.....		2,465,016		473,543	0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	0	2,465,016	0	473,543	0	0
10. Healthcare receivables (a).....				31,761	0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	0	2,465,016	0	441,782	0	0

600

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

## 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.

### **Note 2 - Accounting Changes and Corrections of Errors**

None.

### **Note 3 - Business Combinations and Goodwill**

None.

### **Note 4 - Discontinued Operations**

None.

### **Note 5 - Investments**

- A. Mortgage Loans, including Messanine Real Estate 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.
- H. Restricted Assets (Including Pledge): No significant changes.
- I. Working Capital Finance Investments: None.
- J. Offsetting and Netting of Assets and Liabilities: None.
- K. Structured Notes: None.

### **Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

### **Note 7 - Investment Income**

Not significant.

### **Note 8 - Derivative Instruments**

None.

### **Note 9 - Income Taxes**

No significant change.

### **Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

#### A. Relationship with Parent Organizations

The Company is wholly owned by Prominence Health Plan Services, Inc., ("**PHPS**"), formerly known as CollabHealth Plan Services, Inc., which was formed on October 17, 2012. PHPS's ultimate parent company is Catholic Health Initiatives ("**CHI**"). CHI is a nation-wide Catholic sponsored non-profit organization that operates healthcare and provider entities. The mission of CHI is to "nurture the healing ministry of the Church by bringing it new life, energy and viability in

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## **NOTES TO FINANCIAL STATEMENTS**

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the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.”

The Company’s mission is to promote our member’s health through local provider innovation, be responsible stewards of healthcare resources and an active partner in improving the health of our communities and lives of our members, through offering Medicare Advantage Plans, with and without Part D Coverage, to those consumers who are 65 years or older or otherwise qualify for Medicare.

Effective 1/1/2015, the Company and PHPS entered into an Administrative Services Agreements (ASA) whereby PHPS provides substantially all of the administrative functions of the Company for a fixed per-member, per-month fee.

### **Note 11 – Debt**

None.

### **Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

None.

### **Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations**

None.

### **Note 14 - Contingencies**

None.

### **Note 15 - Leases**

None.

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

Not applicable.

### **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**

None.

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

Not applicable.

### **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: None.

## NOTES TO FINANCIAL STATEMENTS

- C. Other Disclosures and Unusual Items: None.
- D. Business Interruption Insurance Recoveries: None.
- E. State Transferable and Non-transferable Tax Credits: None.
- F. Subprime-Mortgage-Related Risk Exposure: None.
- G. Retained Assets: None.

### **Note 22 - Events Subsequent**

None.

### **Note 23 - Reinsurance**

Effective January 1, 2015, the Company entered into a Stop Loss reinsurance agreement with RGA reinsurance company.

### **Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

None.

### **Note 25 - Change in Incurred Claims and Claim Adjustment Expenses**

The following schedule represents the changes in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves from the beginning of the year to the end of the year.

	2015	2014
Beginning liability for unpaid losses and loss adjustment expenses	0	0
Health Care Receivable	0	0
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	0	0
Incurred related to:		
Current year	2,482,049	0
Prior Years	0	0
Total paid	2,482,049	0
Ending liability for unpaid losses and loss adjustment expenses	474,331	0
Health Care Receivable	(31,761)	0
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	442,570	0

There was no paid claim activity and therefore no reserves for this entity as of December 31, 2014.

### **Note 26 - Intercompany Pooling Arrangements**

None.

### **Note 27 - Structured Settlements**

Not applicable.

### **Note 28 - Health Care Receivables**

None.

### **Note 29 - Participating Policies**

None.

### **Note 30 - Premium Deficiency Reserves**

None.

### **Note 31 - Anticipated Salvage and Subrogation**

None.

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## **NOTES TO FINANCIAL STATEMENTS**

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# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No [ ]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
	0	

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [ ] No [X] N/A [ ]

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_
- 6.4 By what department or departments?  
ALL

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with the Department? Yes [ ] No [ ] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]
- 7.2 If yes, give full information:

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

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

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

- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed? Yes [X] No [ ]
- 18.2 If no, list exceptions:

## GENERAL INTERROGATORIES (continued)

### PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent	94.1 %	
1.2	A&H cost containment percent	1.4 %	
1.3	A&H expense percent excluding cost containment expenses	8.5 %	
2.1	Do you act as a custodian for health savings accounts?	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	0	
2.3	Do you act as an administrator for health savings accounts?	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
2.4	If yes, please provide the amount of funds administered as of the reporting date.	0	

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
93572.....	43-1627032.....	01/01/2015	RGA Reinsurance Company.....	MO.....	CO/I.....	Authorized.....	.....	.....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								.0
2. Alaska.....AK	N								.0
3. Arizona.....AZ	N								.0
4. Arkansas.....AR	N								.0
5. California.....CA	N								.0
6. Colorado.....CO	N								.0
7. Connecticut.....CT	N								.0
8. Delaware.....DE	N								.0
9. District of Columbia.....DC	N								.0
10. Florida.....FL	N								.0
11. Georgia.....GA	N								.0
12. Hawaii.....HI	N								.0
13. Idaho.....ID	N								.0
14. Illinois.....IL	N								.0
15. Indiana.....IN	N								.0
16. Iowa.....IA	N								.0
17. Kansas.....KS	N								.0
18. Kentucky.....KY	N								.0
19. Louisiana.....LA	N								.0
20. Maine.....ME	N								.0
21. Maryland.....MD	N								.0
22. Massachusetts.....MA	N								.0
23. Michigan.....MI	N								.0
24. Minnesota.....MN	N								.0
25. Mississippi.....MS	N								.0
26. Missouri.....MO	N								.0
27. Montana.....MT	N								.0
28. Nebraska.....NE	N								.0
29. Nevada.....NV	N								.0
30. New Hampshire.....NH	N								.0
31. New Jersey.....NJ	N								.0
32. New Mexico.....NM	N								.0
33. New York.....NY	N								.0
34. North Carolina.....NC	N								.0
35. North Dakota.....ND	N								.0
36. Ohio.....OH	L		3,219,468					3,219,468	
37. Oklahoma.....OK	N								.0
38. Oregon.....OR	N								.0
39. Pennsylvania.....PA	N								.0
40. Rhode Island.....RI	N								.0
41. South Carolina.....SC	N								.0
42. South Dakota.....SD	N								.0
43. Tennessee.....TN	N								.0
44. Texas.....TX	N								.0
45. Utah.....UT	N								.0
46. Vermont.....VT	N								.0
47. Virginia.....VA	N								.0
48. Washington.....WA	N								.0
49. West Virginia.....WV	N								.0
50. Wisconsin.....WI	N								.0
51. Wyoming.....WY	N								.0
52. American Samoa.....AS	N								.0
53. Guam.....GU	N								.0
54. Puerto Rico.....PR	N								.0
55. U.S. Virgin Islands.....VI	N								.0
56. Northern Mariana Islands.....MP	N								.0
57. Canada.....CAN	N								.0
58. Aggregate Other alien.....OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal.....XXX		.0	3,219,468	.0	.0	.0	.0	3,219,468	.0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								.0	
61. Total (Direct Business).....(a)	1	.0	3,219,468	.0	.0	.0	.0	3,219,468	.0

**DETAILS OF WRITE-INS**

58001.....								.0	
58002.....								.0	
58003.....								.0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		.0	.0	.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		.0	.0	.0	.0	.0	.0	.0	.0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

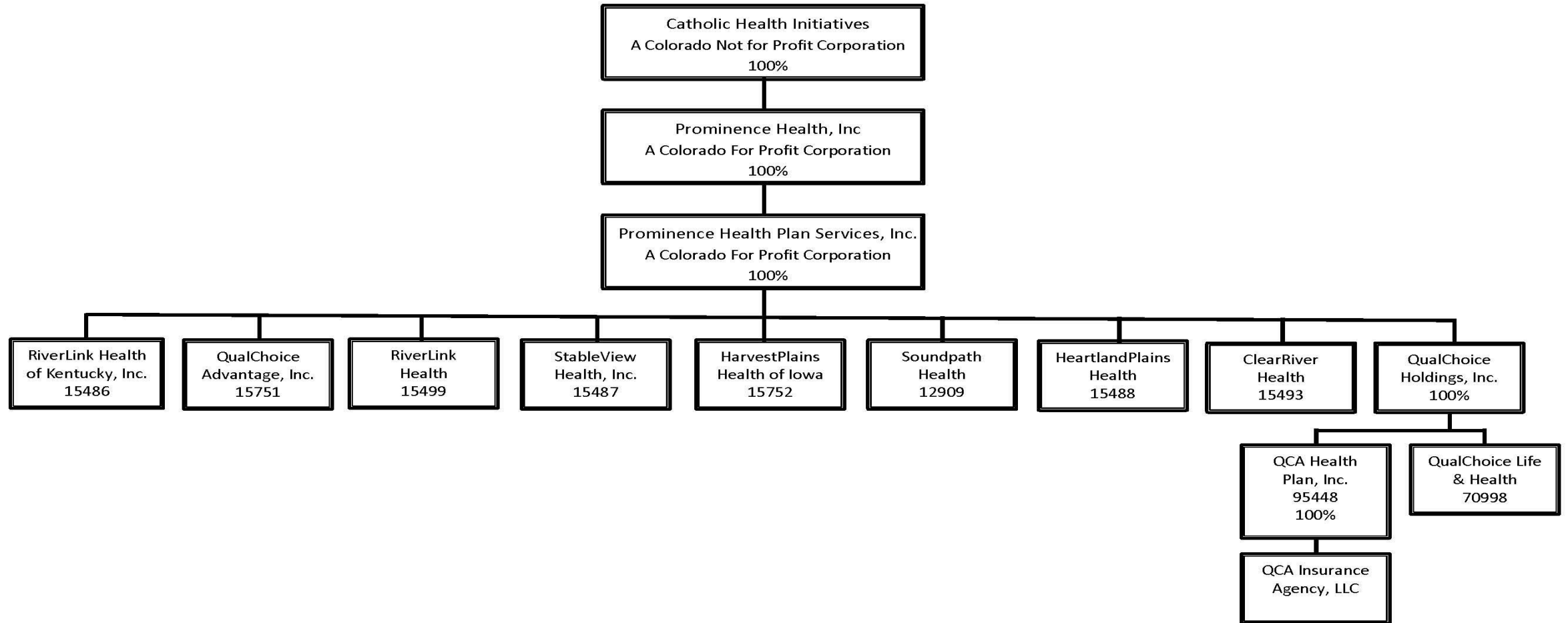
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

## PART 1 – ORGANIZATIONAL CHART

Q15



## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
			46-1224037..				Prominence Health Plan Services, Inc.....	CO.....	UDP.....	Prominence Health, Inc.....	Ownership.....	...100.000	Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	12909..	42-1720801..				Soundpath Health.....	WA.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	95448..	71-0794605..				QCA Health Plan, Inc.....	AR.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	70998..	71-0386640..				QualChoice Life and Health.....	AR.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15493..	46-4495960..				ClearRiver Health.....	TN.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15488..	46-4368223..				HeartlandPlains Health.....	NE.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15499..	46-4380824..				RiverLink Health.....	OH.....	RE.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15486..	46-4828332..				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15487..	46-4373713..				StableView Health Inc.....	KY.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15751..	47-3433912..				QualChoice Advantage Inc.....	AR.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15752..	47-3451750..				HarvestPlains Health of Iowa.....	IA.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**Response**

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

NO

**Explanation:**

1.

**Bar Code:**



**Overflow Page for Write-Ins**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	3,389,908	
2. Cost of bonds and stocks acquired.....	1,246,732	5,006,643
3. Accrual of discount.....	2,349	2,444
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	2,801	1,883
6. Deduct consideration for bonds and stocks disposed of.....	1,219,643	1,614,681
7. Deduct amortization of premium.....	2,674	6,381
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,419,473	3,389,908
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,419,473	3,389,908

## SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	3,407,175	513,443	502,540	1,386	3,400,291	3,407,175	3,419,464	3,389,908
2. NAIC 2 (a).....							.0	
3. NAIC 3 (a).....							.0	
4. NAIC 4 (a).....							.0	
5. NAIC 5 (a).....							.0	
6. NAIC 6 (a).....							.0	
7. Total Bonds.....	3,407,175	513,443	502,540	1,386	3,400,291	3,407,175	3,419,464	3,389,908
<b>PREFERRED STOCK</b>								
8. NAIC 1.....							.0	
9. NAIC 2.....							.0	
10. NAIC 3.....							.0	
11. NAIC 4.....							.0	
12. NAIC 5.....							.0	
13. NAIC 6.....							.0	
14. Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock.....	3,407,175	513,443	502,540	1,386	3,400,291	3,407,175	3,419,464	3,389,908

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(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....3,419,464; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**Sch. DA-Part 1  
NONE**

**Sch. DA-Verification  
NONE**

**Sch. DB-Pt A-Verification  
NONE**

**Sch. DB-Pt B-Verification  
NONE**

**Sch. DB-Pt C-Sn 1  
NONE**

**Sch. DB-Pt C-Sn 2  
NONE**

**Sch. DB-Verification  
NONE**

**Sch. E-Verification  
NONE**

**Sch. A-Pt 2  
NONE**

**Sch. A-Pt 3  
NONE**

**Sch. B-Pt 2  
NONE**

**Sch. B-Pt 3  
NONE**

**Sch. BA-Pt 2  
NONE**

**Sch. BA-Pt 3  
NONE**

## SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>									
3137EA CA 5	FED HOME LN MTG CORP.....		09/30/2015	Standish Mellon Asset Management Company LLC.....		152,418	140,000	44	1
912828 K8 2	US TREASURY NOTE.....		08/26/2015	Standish Mellon Asset Management Company LLC.....		150,229	150,000	45	1
912828 XF 2	US TREASURY NOTE.....		07/01/2015	Standish Mellon Asset Management Company LLC.....		210,796	210,000	103	1
0599999	Total Bonds - U.S. Government.....					513,443	500,000	192	XXX
8399997	Total Bonds - Part 3.....					513,443	500,000	192	XXX
8399999	Total Bonds.....					513,443	500,000	192	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					513,443	XXX	192	XXX

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

QE04

## SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>																					
3137EA CT 4	FED HOME LN MTG CORP.....		09/30/2015	Bank of New York Mellon.....		147,045	145,000	151,088	148,929		(2,092)		(2,092)		146,837		208	208	1,813	05/27/2016	1.....
912828 B7 4	US TREASURY NOTE.....		08/26/2015	Bank of New York Mellon.....		150,223	150,000	148,846	149,152		258		258		149,410		813	813	938	02/15/2017	1.....
912828 D6 4	US TREASURY NOTE.....		07/01/2015	Bank of New York Mellon.....		205,272	205,000	204,825	204,847		35		35		204,882		390	390	513	08/31/2016	1.....
0599999	Total Bonds - U.S. Government.....					502,540	500,000	504,759	502,928	0	(1,799)	0	(1,799)	0	501,129	0	1,411	1,411	3,264	XXX	XXX
8399997	Total Bonds - Part 4.....					502,540	500,000	504,759	502,928	0	(1,799)	0	(1,799)	0	501,129	0	1,411	1,411	3,264	XXX	XXX
8399999	Total Bonds.....					502,540	500,000	504,759	502,928	0	(1,799)	0	(1,799)	0	501,129	0	1,411	1,411	3,264	XXX	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					502,540	XXX	504,759	502,928	0	(1,799)	0	(1,799)	0	501,129	0	1,411	1,411	3,264	XXX	XXX

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

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

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

**Sch. DB-Pt D-Sn 1  
NONE**

**Sch. DB-Pt D-Sn 2  
NONE**

**Sch. DL-Pt. 1  
NONE**

**Sch. DL-Pt. 2  
NONE**

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

1  Depository	2  Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6  First Month	7  Second Month	8  Third Month	
<b>Open Depositories</b>								
PNC Bank -- Kalamazoo, MI.....					.....426,614	.....441,762	.....97,603	XXX
Bank of New York Mellon -- Pittsburgh, PA.....					.....15,026	.....16,666	.....15,135	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....441,640	.....458,428	.....112,738	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....441,640	.....458,428	.....112,738	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....441,640	.....458,428	.....112,738	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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**NONE**