

ANNUAL STATEMENT
OF THE
Sequent Midwest Business Health
Fund
Of
Columbus
in the state of OH

RECEIVED
APR 01 2016
OFFICE OF RISK
ASSESSMENT

to the Insurance Department
of the state of Ohio

For the Year Ended
December 31, 2015

2015



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

Sequent Midwest Business Health Fund

NAIC Group Code.....6371, 0
(Current Period) (Prior Period)

NAIC Company Code..... 52512

Employer's ID Number..... 311732659

Organized under the Laws of OHIO

State of Domicile or Port of Entry OHIO

Country of Domicile US

Licensed as Business Type.....Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized..... October 7, 2015

Commenced Business..... October 7, 2015

Statutory Home Office

8415 Pulsar Place Suite 200..... Columbus OH USA 43240

(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

8415 Pulsar Place Suite 200..... Columbus OH USA 43240

(Street and Number) (City or Town, State, Country and Zip Code)

614-436-5880

(Area Code) (Telephone Number)

Mail Address

8415 Pulsar Place Suite 200..... Columbus OH USA 43240

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

8415 Pulsar Place Suite 200..... Columbus OH USA 43240

(Street and Number) (City or Town, State, Country and Zip Code)

614-436-5880

(Area Code) (Telephone Number)

Internet Web Site Address

www.sequent.biz

Statutory Statement Contact

James Thomas Caldwell

(Name)

614-410-2395

(Area Code) (Telephone Number) (Extension)

jcaldwell@sequent.biz

(E-Mail Address)

614-410-3715

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. John Edward Boyer 614-468-6650	Trustee	2. James Thomas Caldwell 614-410-2395	Trustee
3.		4.	

OTHER

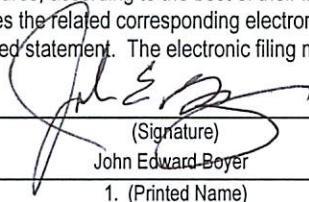
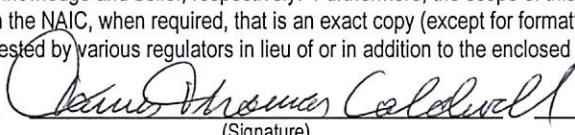
DIRECTORS OR TRUSTEES

John Edward Boyer

James Thomas Caldwell

State of..... Ohio
County of..... Franklin

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) John Edward Boyer	 (Signature) James Thomas Caldwell	 (Signature)
1. (Printed Name) Trustee	2. (Printed Name) Trustee	3. (Printed Name)
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 31st day of March 2016

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



Jenny T. Swinerton
Attorney At Law
Notary Public, State of Ohio
My commission has no expiration date
Sec. 147.03 R.C.

Statement as of December 31, 2015 of the

Sequent Midwest Business Health Fund

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).....			C	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			C	
2.2 Common stocks.....			C	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			C	
3.2 Other than first liens.....			C	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			C	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			C	
4.3 Properties held for sale (less \$.....0 encumbrances).....			C	
5. Cash (\$.....2,983,546, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	2,983,546		2,983,546	
6. Contract loans (including \$.....0 premium notes).....			C	
7. Derivatives (Schedule DB).....			C	
8. Other invested assets (Schedule BA).....			C	
9. Receivables for securities.....			C	
10. Securities lending reinvested collateral assets (Schedule DL).....			C	
11. Aggregate write-ins for invested assets.....	C	C	C	C
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,983,546	C	2,983,546	C
13. Title plants less \$.....0 charged off (for Title insurers only).....			C	
14. Investment income due and accrued.....			C	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			C	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			C	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			C	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			C	
16.2 Funds held by or deposited with reinsured companies.....			C	
16.3 Other amounts receivable under reinsurance contracts.....			C	
17. Amounts receivable relating to uninsured plans.....			C	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			C	
18.2 Net deferred tax asset.....			C	
19. Guaranty funds receivable or on deposit.....			C	
20. Electronic data processing equipment and software.....			C	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			C	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			C	
23. Receivables from parent, subsidiaries and affiliates.....	3,606		3,606	
24. Health care (\$.....0) and other amounts receivable.....			C	
25. Aggregate write-ins for other than invested assets.....	173,000	C	173,000	C
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,160,152	C	3,160,152	C
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			C	
28. TOTALS (Lines 26 and 27).....	3,160,152	C	3,160,152	C
DETAILS OF WRITE-INS				
1101.			C	
1102.			C	
1103.			C	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	C	C	C	C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	C	C	C	C
2501.			C	
2502.			C	
2503. Deposit.....	173,000		173,000	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	C	C	C	C
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	173,000	C	173,000	C

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,013,409		1,013,409	
2. Accrued medical incentive pool and bonus amounts.....			C	
3. Unpaid claims adjustment expenses.....			C	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			C	
5. Aggregate life policy reserves.....			C	
6. Property/casualty unearned premium reserve.....			C	
7. Aggregate health claim reserves.....			C	
8. Premiums received in advance.....			C	
9. General expenses due or accrued.....	52,353		52,353	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			C	
10.2 Net deferred tax liability.....			C	
11. Ceded reinsurance premiums payable.....			C	
12. Amounts withheld or retained for the account of others.....			C	
13. Remittances and items not allocated.....			C	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			C	
15. Amounts due to parent, subsidiaries and affiliates.....	320		320	
16. Derivatives.....			C	
17. Payable for securities.....			C	
18. Payable for securities lending.....			C	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....			C	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			C	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			C	
22. Liability for amounts held under uninsured plans.....			C	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	69,017	C	69,017	C
24. Total liabilities (Lines 1 to 23).....	1,135,099	C	1,135,099	C
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	C	C
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	C	C
31. Unassigned funds (surplus).....	XXX	XXX	2,025,052	
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	2,025,052	C
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,160,151	C

DETAILS OF WRITE-INS

2301. Transitional Re-Insurance Fee.....	69,017		69,017	
2302.			C	
2303.			C	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	C	C	C	C
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	69,017	C	69,017	C
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	C	C
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	C	C
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	C	C
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	C	C

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	20,713	
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,306,476	
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	C	C
7. Aggregate write-ins for other non-health revenues.....	XXX	C	C
8. Total revenues (Lines 2 to 7).....	XXX	2,306,476	C
Hospital and Medical:			
9. Hospital/medical benefits.....		1,259,783	
10. Other professional services.....		258,226	
11. Outside referrals.....			
12. Emergency room and out-of-area.....		143,165	
13. Prescription drugs.....		573,752	
14. Aggregate write-ins for other hospital and medical.....	C	C	C
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	C	2,234,926	C
Less:			
17. Net reinsurance recoveries.....		69,402	
18. Total hospital and medical (Lines 16 minus 17).....	C	2,165,524	C
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....47,246 cost containment expenses.....		47,246	
21. General administrative expenses.....		509,241	
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).....	C	2,722,011	C
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(415,535)	C
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....			
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	C	C	C
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.....	C	C	C
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	(415,535)	C
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	(415,535)	C

DETAILS OF WRITE-INS

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

Sequent Midwest Business Health Fund
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	C	.....
34. Net income or (loss) from Line 32.....	(415,535)	C
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.....	2,440,589	.....
44.2 Transferred from surplus (Stock Dividend).....	.....	.....
44.3 Transferred to surplus.....	.....	.....
45. Surplus adjustments:		
45.1 Paid in.....	.....	.....
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.....	C	C
48. Net change in capital and surplus (Lines 34 to 47).....	2,025,054	C
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,025,054	C

DETAILS OF WRITE-INS

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

Statement as of December 31, 2015 of the

Sequent Midwest Business Health Fund

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	2,306,476	
2. Net investment income.....		
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	2,306,476	C
5. Benefit and loss related payments.....	1,152,115	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	435,117	
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).....	1,587,232	C
11. Net cash from operations (Line 4 minus Line 10).....	719,244	C
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
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).....	C	C
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		
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).....	C	C
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).....	C	C
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.....	2,440,589	
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).....	(176,286)	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	2,264,303	C
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).....	2,983,547	C
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	C	
19.2 End of year (Line 18 plus Line 19.1).....	2,983,547	C

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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 Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	2,306,476	2,279,438		18,692	5,535					2,811
2. Change in unearned premium reserves and reserve for rate credit.....	.C									
3. Fee-for-service (net of \$.00 medical expenses).....	.C									
4. Risk revenue.....	.C									
5. Aggregate write-ins for other health care related revenues.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	.C
6. Aggregate write-ins for other non-health care related revenues.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	.C
7. Total revenues (Lines 1 to 6).....	2,306,476	2,279,438	.C	18,692	5,535	.C	.C	.C	.C	2,811
8. Hospital/medical benefits.....	1,259,783	1,259,783								XXX
9. Other professional services.....	258,226	258,226								XXX
10. Outside referrals.....	.C									XXX
11. Emergency room and out-of-area.....	143,165	143,165								XXX
12. Prescription drugs.....	573,752	573,752								XXX
13. Aggregate write-ins for other hospital and medical.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	.C									XXX
15. Subtotal (Lines 8 to 14).....	2,234,926	2,234,926	.C	.C	.C	.C	.C	.C	.C	XXX
16. Net reinsurance recoveries.....	69,402	69,402								XXX
17. Total hospital and medical (Lines 15 minus 16).....	2,165,524	2,165,524	.C	.C	.C	.C	.C	.C	.C	XXX
18. Non-health claims (net).....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
19. Claims adjustment expenses including \$.47,246 cost containment expenses.....	47,246	47,246								
20. General administrative expenses.....	509,241	509,241								
21. Increase in reserves for accident and health contracts.....	.C									XXX
22. Increase in reserve for life contracts.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
23. Total underwriting deductions (Lines 17 to 22).....	2,722,011	2,722,011	.C	.C	.C	.C	.C	.C	.C	.C
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	(415,535)	(442,573)	.C	18,692	5,535	.C	.C	.C	.C	2,811

DETAILS OF WRITE-INS

0501.	.C									XXX
0502.	.C									XXX
0503.	.C									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0601.	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0602.	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0603.	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
1301.	.C									XXX
1302.	.C									XXX
1303.	.C									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above).....	.C	.C	.C	.C	.C	.C	.C	.C	.C	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	2,528,637		247,199	2,279,438
2. Medicare supplement.....				0
3. Dental only.....	200,728		182,036	18,692
4. Vision only.....	32,264		26,729	5,535
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).....	2,759,629	0	455,964	2,303,665
10. Life.....	30,517		27,706	2,811
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	2,790,146	0	483,670	2,306,476

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.....	2,275,668	2,275,668								
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....	69,402	69,402								
1.4 Net.....	2,206,266	2,206,266								
2. Paid medical incentive pools and bonuses.....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	1,013,409	1,013,409								
3.2 Reinsurance assumed.....										
3.3 Reinsurance ceded.....										
3.4 Net.....	1,013,409	1,013,409								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....										
4.2 Reinsurance assumed.....										
4.3 Reinsurance ceded.....										
4.4 Net.....										
5. Accrued medical incentive pools and bonuses, current year.....										
6. Net healthcare receivables (a).....										
7. Amounts recoverable from reinsurers December 31, current year.....										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	1,054,151	1,054,151								
8.2 Reinsurance assumed.....										
8.3 Reinsurance ceded.....										
8.4 Net.....	1,054,151	1,054,151								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....										
9.2 Reinsurance assumed.....										
9.3 Reinsurance ceded.....										
9.4 Net.....										
10. Accrued medical incentive pools and bonuses, prior year.....										
11. Amounts recoverable from reinsurers December 31, prior year.....										
12. Incurred benefits:										
12.1 Direct.....	2,234,926	2,234,926								
12.2 Reinsurance assumed.....										
12.3 Reinsurance ceded.....	69,402	69,402								
12.4 Net.....	2,165,524	2,165,524								
13. Incurred medical incentive pools and bonuses.....										

(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.....	276,435	276,435								
1.2 Reinsurance assumed.....	C									
1.3 Reinsurance ceded.....	C									
1.4 Net.....	276,435	276,435	C	C	C	C	C	C	C	C
2. Incurred but unreported:										
2.1 Direct.....	736,974	736,974								
2.2 Reinsurance assumed.....	C									
2.3 Reinsurance ceded.....	C									
2.4 Net.....	736,974	736,974	C	C	C	C	C	C	C	C
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	C									
3.2 Reinsurance assumed.....	C									
3.3 Reinsurance ceded.....	C									
3.4 Net.....	C	C	C	C	C	C	C	C	C	C
4. Totals:										
4.1 Direct.....	1,013,409	1,013,409	C	C	C	C	C	C	C	C
4.2 Reinsurance assumed.....	C	C	C	C	C	C	C	C	C	C
4.3 Reinsurance ceded.....	C	C	C	C	C	C	C	C	C	C
4.4 Net.....	1,013,409	1,013,409	C	C	C	C	C	C	C	C

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 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).....	711,692	1,494,574	197,013	816,396	908,705	1,054,150
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).....	711,692	1,494,574	197,013	816,396	908,705	1,054,150
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).....	711,692	1,494,574	197,013	816,396	908,705	1,054,150

(a) Excludes \$.....0 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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		712
6. 2015.....		XXX	XXX	XXX	XXX	1,495

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		909
6. 2015.....		XXX	XXX	XXX	XXX	1,257

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. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0	197		197	0.0
5. 2015.....	2,246	1,257	47	3.8	1,304	58.1	816		2,120	94.4

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		712
6. 2015.....		XXX	XXX	XXX	XXX	1,495

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		909
6. 2015.....		XXX	XXX	XXX	XXX	1,257

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. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0	197		197	0.0
5. 2015.....	2,246	1,257	47	3.8	1,304	58.1	816		2,120	94.4

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		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. 2011.....				0.0	0	0.0	.....	.....	.....0	0.0
2. 2012.....				0.0	0	0.0	.....	.....	.....0	0.0
3. 2013.....				0.0	0	0.0	.....	.....	.....0	0.0
4. 2014.....				0.0	0	0.0	.....	.....	.....0	0.0
5. 2015.....				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 - DENTAL ONLY

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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. 2011.....				.00	.0	.00			.0	.00
2. 2012.....				.00	.0	.00			.0	.00
3. 2013.....				.00	.0	.00			.0	.00
4. 2014.....				.00	.0	.00			.0	.00
5. 2015.....				.00	.0	.00			.0	.00

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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. 2011.....				.00	.0	.00			.0	.00
2. 2012.....				.00	.0	.00			.0	.00
3. 2013.....				.00	.0	.00			.0	.00
4. 2014.....				.00	.0	.00			.0	.00
5. 2015.....				.00	.0	.00			.0	.00

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		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. 2011.....				.00	.0	.00			.0	.00
2. 2012.....				.00	.0	.00			.0	.00
3. 2013.....				.00	.0	.00			.0	.00
4. 2014.....				.00	.0	.00			.0	.00
5. 2015.....				.00	.0	.00			.0	.00

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		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. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0			0	0.0
5. 2015.....				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 - TITLE XIX - MEDICAID

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		XXX.....	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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX.....				
4. 2013.....		XXX.....	XXX.....			
5. 2014.....		XXX.....	XXX.....	XXX.....		
6. 2015.....		XXX.....	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. 2011.....					0.0	0	0.0			0	0.0
2. 2012.....					0.0	0	0.0			0	0.0
3. 2013.....					0.0	0	0.0			0	0.0
4. 2014.....					0.0	0	0.0			0	0.0
5. 2015.....					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 - OTHER

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		XXX	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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....						
2. 2011.....						
3. 2012.....		XXX				
4. 2013.....		XXX	XXX			
5. 2014.....		XXX	XXX	XXX		
6. 2015.....		XXX	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. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0			0	0.0
5. 2015.....				0.0	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.....	C	C	C	C	C	C	C	C	C
2. Additional policy reserves (a).....	C	C	C	C	C	C	C	C	C
3. Reserve for future contingent benefits.....	C	C	C	C	C	C	C	C	C
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	C	C	C	C	C	C	C	C	C
5. Aggregate write-ins for other policy reserves.....	C	C	C	C	C	C	C	C	C
6. Totals (gross).....	C	C	C	C	C	C	C	C	C
7. Reinsurance ceded.....	C	C	C	C	C	C	C	C	C
8. Totals (net) (Page 3, Line 4).....	C	C	C	C	C	C	C	C	C
9. Present value of amounts not yet due on claims.....	C	C	C	C	C	C	C	C	C
10. Reserve for future contingent benefits.....	C	C	C	C	C	C	C	C	C
11. Aggregate write-ins for other claim reserves.....	C	C	C	C	C	C	C	C	C
12. Totals (gross).....	C	C	C	C	C	C	C	C	C
13. Reinsurance ceded.....	C	C	C	C	C	C	C	C	C
14. Totals (net) (Page 3, Line 7).....	C	C	C	C	C	C	C	C	C

DETAILS OF WRITE-INS

0501.	C	C	C	C	C	C	C	C	C
0502.	C	C	C	C	C	C	C	C	C
0503.	C	C	C	C	C	C	C	C	C
0598. Summary of remaining write-ins for Line 5 from overflow page.....	C	C	C	C	C	C	C	C	C
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	C	C	C	C	C	C	C	C	C
1101.	C	C	C	C	C	C	C	C	C
1102.	C	C	C	C	C	C	C	C	C
1103.	C	C	C	C	C	C	C	C	C
1198. Summary of remaining write-ins for Line 11 from overflow page.....	C	C	C	C	C	C	C	C	C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	C	C	C	C	C	C	C	C	C

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					0
2. Salaries, wages and other benefits.....			119,923		119,923
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					0
4. Legal fees and expenses.....			82,162		82,162
5. Certifications and accreditation fees.....			4,757		4,757
6. Auditing, actuarial and other consulting services.....			61,273		61,273
7. Traveling expenses.....			3,238		3,238
8. Marketing and advertising.....					0
9. Postage, express and telephone.....			338		338
10. Printing and office supplies.....			9,806		9,806
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.....	47,246		125,221		172,467
15. Boards, bureaus and association fees.....			1,528		1,528
16. Insurance, except on real estate.....					0
17. Collection and bank service charges.....			355		355
18. Group service and administration fees.....			25,797		25,797
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.....			5,828		5,828
23.5 Other (excluding federal income and real estate taxes).....			69,018		69,018
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).....	47,246	0	509,244	0	(a).....556,490
27. Less expenses unpaid December 31, current year.....			52,353		52,353
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).....	47,246	0	456,891	0	504,137

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 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
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.....	C	C
10. Total gross investment income.....	C	C
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).....C
15. Aggregate write-ins for deductions from investment income.....	.....	.....C
16. Total deductions (Lines 11 through 15).....	.....	.....C
17. Net investment income (Line 10 minus Line 16).....	.....	.....C

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	C	C
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	C	C
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....C
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....C

- (a) Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.
- (b) Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued dividends on purchases.
- (c) Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.
- (d) Includes \$.00 for company's occupancy of its own buildings; and excludes \$.00 interest on encumbrances.
- (e) Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.
- (f) Includes \$.00 accrual of discount less \$.00 amortization of premium.
- (g) Includes \$.00 investment expenses and \$.00 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.00 interest on surplus notes and \$.00 interest on capital notes.
- (i) Includes \$.00 depreciation on real estate and \$.00 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

DETAILS OF WRITE-INS

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

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

DETAILS OF WRITE-INS

1101.			C
1102.			C
1103.			C
1198. Summary of remaining write-ins for Line 11 from overflow page.....	C	C	C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	C	C	C
2501.			C
2502.			C
2503.			C
2598. Summary of remaining write-ins for Line 25 from overflow page.....	C	C	C
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	C	C	C

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					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.....					2,238	20,713
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	4,877	0
7. Total.....	0	0	0	0	7,115	20,713

DETAILS OF WRITE-INS

0601.	Vision.....				1,073	
0602.	Dental.....				1,202	
0603.	Life.....				2,602	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	4,877	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....					(	
2. Claim overpayment receivables.....					(	
3. Loans and advances to providers.....					(	
4. Capitation arrangement receivables.....					(	
5. Risk sharing receivables.....					(	
6. Other health care receivables.....					(	
7. Totals (Lines 1 through 6).....	(	(	(	(	(	(

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
	276,435					276,435
0199999. Individually listed claims unpaid.....	276,435	0	0	0	0	276,435
0499999. Subtotals.....	276,435	0	0	0	0	276,435
0599999. Unreported claim and other claim reserves.....						736,974
0799999. Total claims unpaid.....						1,013,409

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	Name of Affiliate	2	3	4	5	6	Admitted				
		1 - 30 Days				31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7	8
										Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates											
0299999	Receivables not individually listed.....	3,606	.....	.....	.....	.....	.....	.....	.....	3,606	.....
0399999	Total gross amounts receivable.....	3,606	.....	.....	.....	.....	.....	.....	.....	3,606	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
0299999, Payables not individually listed.....		320	320	
0399999, Total gross payables.....		320	320	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1. Medical groups.....		0	0.0				
2. Intermediaries.....		0	0.0				
3. All other providers.....		0	0.0				
4. Total capitation payments.....		0	0.0	0		0	0
Other Payments:							
5. Fee-for-service.....		2,206,266	100.0	XXX	XXX	2,206,266	
6. Contractual fee payments.....		0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service.....		0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....		0	0.0	XXX	XXX		
9. Non-contingent salaries.....		0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....		0	0.0	XXX	XXX		
11. All other payments.....		0	0.0	XXX	XXX		
12. Total other payments.....		2,206,266	100.0	XXX	XXX	2,206,266	0
13. Total (Line 4 plus Line 12).....		2,206,266	100.0	XXX	XXX	2,206,266	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	(					(
2. Medical furniture, equipment and fixtures.....						(
3. Pharmaceuticals and surgical supplies.....						(
4. Durable medical equipment.....						(
5. Other property and equipment.....						(
6. Total.....	(		(	(	(	(

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

	State of Domicile	2015	2014
NET INCOME			
(1) Sequent Midwest Business Health Fund state basis (Page 4, Line 32, Columns 2 & 3)	OH	\$ (415,535)	\$
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	\$ (415,535)	\$
SURPLUS			
(5) Sequent Midwest Business Health Fund state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 2,025,052	\$
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	\$ 2,025,052	\$

B. Use of Estimates in the Preparation of the Financial Statement: The preparation of financial statements in conformity with the accounting principles prescribed or permitted by the Insurance Department of the State of Ohio requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

C. Accounting Policy: The financial statements are prepared using accounting principles prescribed or permitted by the Insurance Department of the State of Ohio. Under this method, the Fund does not record prepaid expenses or recognize income on unbilled exit assessments. Accounts receivable that are uncollected after 90 days are reported as "nonadmitted"assets.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements.

Plan obligations at December 31, 2015 for health claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the plan only if claims are submitted and approved for payments. Total health claims incurred but not reported as of December 31, 2015 were \$736,974.

Administrative Expenses are paid from Plan assets.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

None

NOTE 4 – DISCONTINUED OPERATIONS

None

NOTE 5 – INVESTMENTS:

None

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None

NOTE 7 – INVESTMENT INCOME

None

NOTE 8 – DERIVATIVE INSTRUMENTS

None

NOTES TO FINANCIAL STATEMENTS

NOTE 9 – INCOME TAXES:

The VEBA Trust was established to hold the Plan's assets is qualified pursuant to Section 501(c) (9) of the Internal Revenue Code. The IRS has determined and informed the company by a letter dated January 16, 2002 that the Trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

During the 4th quarter ended December 31, 2015, the Plain paid administrative expenses to Sequent, Inc., in the amount of \$161,001. These payments represented reimbursement of expenses paid for performing services on behalf of the Plan. At December 31, 2015, the Plan had accounts payable to Sequent, Inc. of approximately \$320.00 for administrative expenses.

Sequent, Inc. withholds participant contributions through payroll deductions and collects employer contributions on behalf of the Plan, which are then remitted to the Plan and held in the Trust. At December 31, 2015, the Plan had an accounts receivable due from Sequent, Inc. of approximately \$3,606 for amounts withheld from the employer and employees not remitted to the Plan.

NOTE 11 – DEBT

None

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Contribution Plans: Employees of the MEWA participate in the Sequent Retirement Savings Plan.

NOTE 13 – CAPITAL AND SURPLUS, 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

1. Concentration of Credit Risk- Cash is on deposit in one financial institution, which is insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. At times throughout the year, the cash balance may be in excess of the insured limits.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

None

NOTES TO FINANCIAL STATEMENTS

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

None

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

None

NOTE 20 – FAIR VALUE MEASUREMENTS

None

NOTE 21 – OTHER ITEMS

None

NOTE 22 – EVENTS SUBSEQUENT

- A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [] No [x]

NOTE 23 – REINSURANCE

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No
- (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 any other person not primarily engaged in the insurance business? No

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 for nonpayment of premium or other similar credits? No
- 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? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$_____0_____
- b. 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_____
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No

Section 3 – 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 reinsurer may unilaterally cancel for reasons other than for nonpayment of premium 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. Not applicable.
- (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? No

B. Uncollectible Reinsurance

None

NOTES TO FINANCIAL STATEMENTS

C. Commutaton of Ceded Reinsurance

 None

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

None

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

None

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

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 ☐ 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 ☐ 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 ☐ No ☒

2.2

If yes, date of change:

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?

-

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 ☒

3.6

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

Yes ☐ No ☐ N/A ☒

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 ☒

4.12

renewals?

Yes ☐ No ☒

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 ☒

4.22

renewals?

Yes ☐ No ☒

5.1

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

Yes ☐ No ☒

5.2

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

1	2	3
Name of Entity	NAIC Company 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 ☒

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 ☒

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 with the Federal Reserve Board?

Yes ☐ No ☒

8.2

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

-

8.3

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

Yes ☐ No ☒

8.4

If the response to 8.3 is yes, please provide below 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?
Plante & Moran, PLLC Suite 600 65 E. State St., Columbus, OH 43215

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 ☒

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 other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes ☐ No ☒

10.4

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

-

10.5

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

Yes ☐ No ☐ N/A ☒

10.6

If the response to 10.5 is no or n/a, please explain:
Audit Committee not required by State of Ohio. Audits are completed by a third party and reported to ODI according to ODI requirements.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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?
Milliman 1120 S. 101st Street Suite 400 Omaha, NE 68124-1088 (Hiro Misawa).

12.1

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

Yes ☐ No ☒

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$0

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 ☐ No ☐

13.3

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

Yes ☐ No ☐

13.4

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

Yes ☐ No ☐ N/A ☐

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 ☒ 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 ☒

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 ☒

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 ☒

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

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 subordinator committee thereof?

Yes ☒ 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 ☒ 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 ☒ No ☐

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 ☒

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 reporting in the statement?

Yes ☐ No ☒

21.2

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

21.21

Rented from others

\$0

21.22

Borrowed from others

\$0

21.23

Leased from others

\$0

21.24

Other

\$0

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

\$0

22.22

Amount paid as expenses

\$0

22.23

Other amounts paid

\$0

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:

\$3,606

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01

Were all of 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.

\$ 0

24.06

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

\$ 0

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:

\$ 0

24.102

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

\$ 0

24.103

Total payable for securities lending reported on the liability page:

\$ 0

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 current 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 sale – excluding FHLB Capital Stock

\$ 0

25.27

FHLB Capital Stock

\$ 0

25.28

On deposit with states

\$ 0

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:

\$ 0

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 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

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, 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

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 ☒

29.2

If yes, complete the following schedule:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	0	0	0
30.2	Preferred Stocks	0	0	0
30.3	Totals	0	0	0

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

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

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?

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance 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 Investment Analysis Office* been followed?

32.2 If no, list exceptions:

OTHER

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

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.
- \$

0

1 Name	2 Amount Paid
	\$

- 34.1 Amount of payments for legal expenses, if any?

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.
- \$

82,161

1 Name	2 Amount Paid
Bailey Cavaleri LLC	\$ 63,139

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

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.
- \$

0

1 Name	2 Amount Paid
	\$

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?

\$

0

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.

\$

0

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

\$

0

1.62

Total incurred claims

\$

0

1.63

Number of covered lives

\$

0

All years prior to most current three years:

1.64

Total premium earned

\$

0

1.65

Total incurred claims

\$

0

1.66

Number of covered lives

\$

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$

0

1.72

Total incurred claims

\$

0

1.73

Number of covered lives

\$

0

All years prior to most current three years:

1.74

Total premium earned

\$

0

1.75

Total incurred claims

\$

0

1.76

Number of covered lives

\$

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

\$

2,303,665

\$

0

2.2

Premium Denominator

\$

2,306,476

\$

0

2.3

Premium Ratio (2.1/2.2)

\$

99.878

\$

0.000

2.4

Reserve Numerator

\$

1,013,409

\$

0

2.5

Reserve Denominator

\$

1,013,409

\$

0

2.6

Reserve Ratio (2.4/2.5)

\$

100.000

\$

0.000

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, as 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:

-

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$

150,000

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:

Aggregate Stop Loss-Terminal Liability Endorsement, Specific Stop Loss-Terminal Liability Endorsement

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

28

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GENERAL INTERROGATORIES
PART 2 – HEALTH INTERROGATORIES

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 [x]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees with rate guarantees between 15-36 months

\$

0

9.22

Business with rate guarantees over 36 months

\$

0

10.1

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

Yes []

No [x]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$

0

10.22

Amount actually paid for year bonuses

\$

0

10.23

Maximum amount payable withholds

\$

0

10.24

Amount actually paid for year withholds

\$

0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes []

No [x]

11.13

An Individual Practice Association (IPA), or,

Yes []

No [x]

11.14

A Mixed Model (combination of above)?

Yes []

No [x]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes []

No [x]

11.3

If yes, show the name of the state requiring such minimum capital and surplus.

11.4

If yes, show the amount required.

\$

0

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

Ohio

13.1

Do you act as a custodian for health savings accounts?

Yes []

No [x]

13.2

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

\$

0

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.

\$

0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes []

No []

N/A [x]

14.2

If the answer to 14.1 is yes, please provide the following:

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

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 Premium Written

\$

30,517

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)

28.1

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Sequent Midwest Business Health Fund
FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	3,160,152				
2. Total liabilities (Page 3, Line 24).....	1,135,099				
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....	2,025,052				
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	2,306,476				
6. Total medical and hospital expenses (Line 18).....	2,165,524				
7. Claims adjustment expenses (Line 20).....	47,246				
8. Total administrative expenses (Line 21).....	509,241				
9. Net underwriting gain (loss) (Line 24).....	(415,535)				
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(415,535)				
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	719,244				
Risk-Based Capital Analysis					
14. Total adjusted capital.....	2,025,052				
15. Authorized control level risk-based capital.....	177,385				
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	7,115				
17. Total member months (Column 6, Line 7).....	20,713				
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)...	93.9				
20. Cost containment expenses.....	2.0				
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	118.0				
23. Total underwriting gain (loss) (Line 24).....	(18.0)				
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	908,705				
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	1,054,150				
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.....	C	C	C	C	C
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:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Sequent Midwest Business Health Fund 2. Columbus, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....6371

NAIC Company Code....52512

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	3 Group							
Total Members at end of:										
1. Prior year.....C	7,115		2,238		1,073	1,202				2,602
2. First quarter.....C										
3. Second quarter.....C										
4. Third quarter.....C										
5. Current year.....	20,713		6,357		3,151	3,544				7,661
Total Member Ambulatory Encounters for Year:										
7. Physician.....57			57							
8. Non-physician.....2,976			2,976							
9. Totals.....3,033		C	3,033	C	C	C	C	C	C	C
10. Hospital patient days incurred.....55			55							
11. Number of inpatient admissions.....18			18							
12. Health premiums written (b).....2,790,147			2,526,638		32,264	200,728				30,517
13. Life premiums direct.....C										
14. Property/casualty premiums written.....C										
15. Health premiums earned.....2,790,147			2,526,638		32,264	200,728				30,517
16. Property/casualty premiums earned.....C										
17. Amount paid for provision of health care services.....2,206,266			2,206,266							
18. Amount incurred for provision of health care services.....2,234,926			2,234,926							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Sequent Midwest Business Health Fund 2. Ohio

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....6371

NAIC Company Code.....52512

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	C									
2. First quarter.....	C									
3. Second quarter.....	C									
4. Third quarter.....	C									
5. Current year.....	7,115		2,238		1,073	1,202				2,602
6. Current year member months.....	20,713		6,357		3,151	3,544				7,661
Total Member Ambulatory Encounters for Year:										
7. Physician.....	57		57							
8. Non-physician.....	2,976		2,976							
9. Totals.....	3,033	C	3,033	C	C	C	C	C	C	C
10. Hospital patient days incurred.....	55		55							
11. Number of inpatient admissions.....	18		18							
12. Health premiums written (b).....	2,790,147		2,526,638		32,264	200,728				30,517
13. Life premiums direct.....	C									
14. Property/casualty premiums written.....	C									
15. Health premiums earned.....	2,790,147		2,526,638		32,264	200,728				30,517
16. Property/casualty premiums earned.....	C									
17. Amount paid for provision of health care services.....	2,206,266		2,206,266							
18. Amount incurred for provision of health care services.....	2,234,926		2,234,926							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Cointerest Reserve	Funds Withheld Under Cointerest

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
10345.....	311440175.....	..01/01/2015	Anthem Blue Cross Blue Shield.....	OH.....		D.....	182,036						
79413.....	362739571.....	..01/01/2015	BP-United Healthcare Insurance Company.....	OH.....		SLEL.....	247,199						
10345.....	311440175.....	..01/01/2015	Anthem Blue Cross Blue Shield.....	OH.....		OH.....	26,729						
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....												
1099999	Total - General Account - Authorized - Non-Affiliates.....												
1199999	Total - General Account - Authorized.....												
3499999	Total - General Account - Authorized, Unauthorized and Certified.....												
6999999	Total - U.S.....												
9999999	Total.....												
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
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							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0	0	0	0	0	0
							455,964	0					

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8

SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domi- nary Juris- dic- tion	Certi- fied Rein- surer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 14 x 100%)	Percent Credit Allowed on Collateral Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Collateral Net Obligation Subject to Collateral (Col. 24 / Col. 14 x Col. 23)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 25 - Col. 26)
															16	17	18	19	20	21					22
											</													

Sequent Midwest Business Health Fund
SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	456				
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					XXX
18. Funds deposited by and withheld from (F).....					XXX
19. Letters of credit (L).....					XXX
20. Trust agreements (T).....					XXX
21. Other (O).....					XXX

Sequent Midwest Business Health Fund
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	2,983,546		2,983,546
2. Accident and health premiums due and unpaid (Line 15).....			⌢
3. Amounts recoverable from reinsurers (Line 16.1).....			⌢
4. Net credit for ceded reinsurance.....	XXX		⌢
5. All other admitted assets (balance).....	176,606		176,606
6. Totals assets (Line 28).....	3,160,152	⌢	3,160,152
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,013,409		1,013,409
8. Accrued medical incentive pool and bonus payments (Line 2).....			⌢
9. Premiums received in advance (Line 8).....			⌢
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			⌢
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			⌢
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			⌢
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			⌢
14. All other liabilities (balance).....	121,690		121,690
15. Total liabilities (Line 24).....	1,135,099	⌢	1,135,099
16. Total capital and surplus (Line 33).....	2,025,052	XXX	2,025,052
17. Total liabilities, capital and surplus (Line 34).....	3,160,151	⌢	3,160,151
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....			⌢
19. Accrued medical incentive pool.....			⌢
20. Premiums received in advance.....			⌢
21. Reinsurance recoverable on paid losses.....			⌢
22. Other ceded reinsurance recoverables.....			⌢
23. Total ceded reinsurance recoverables.....			⌢
24. Premiums receivable.....			⌢
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....			⌢
26. Unauthorized reinsurance.....			⌢
27. Reinsurance with certified reinsurers.....			⌢
28. Funds held under reinsurance treaties with certified reinsurers.....			⌢
29. Other ceded reinsurance payables/offsets.....			⌢
30. Total ceded reinsurance payables/offsets.....			⌢
31. Total net credit for ceded reinsurance.....			⌢

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			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	N							0	
2.	Alaska.....AK	N							0	
3.	Arizona.....AZ	N							0	
4.	Arkansas.....AR	N							0	
5.	California.....CA	N							0	
6.	Colorado.....CC	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.....H	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.....M	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	2,759,629				30,517		2,790,146	
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.....W	N							0	
51.	Wyoming.....WY	N							0	
52.	American Samoa.....AS	N							0	
53.	Guam.....GL	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	C	0	0	0	0
59.	Subtotal.....	XXX	2,759,629	0	0	C	30,517	0	2,790,146	0
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61.	Total (Direct Business).....(a)	1	2,759,629	0	0	C	30,517	0	2,790,146	0

DETAILS OF WRITE-INS

58001.									0	
58002.									0	
58003.									0	
58998.	Summary of remaining write-ins for line 58.....		0	0	0	C	0	0	0	0
58999.	Total (Lines 58001 thru 58003 + 58998).....		0	0	0	C	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.
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 T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
		6 Totals				
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.	US Virgin Islands.....VI					0
56.	Northern Mariana Islands.....MP					0
57.	Canada.....CA					0
58.	Aggregate Other Alien.....OT					0
59.	Totals.....	0	0	0	0	0

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	NO
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	WAIVED
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	WAIVED
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED

JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	WAIVED
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	WAIVED

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 9 0 0 0 0 0 0 *
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 6 0 0 0 0 0 0 *
12.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 0 5 0 0 0 0 0 *
13.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 0 7 0 0 0 0 0 *
14.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 4 2 0 0 0 0 0 0 *
15.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 7 1 0 0 0 0 0 *
16.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 7 0 0 0 0 0 0 *
17.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 6 5 0 0 0 0 0 *
18.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 2 4 0 0 0 0 0 *
19.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 2 5 0 0 0 0 0 *
20.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 2 6 0 0 0 0 0 *
21.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 3 0 6 0 0 0 0 0 *
22.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 1 1 0 0 0 0 0 *
23.	The data for this supplement is not required to be filed. * 5 2 5 1 2 2 0 1 5 2 1 3 0 0 0 0 0 *
24.	
25.	
26.	

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....		0.0			0	0.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....		0.0			0	0.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0	0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0	0.0
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.00 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.00 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....		0.0	2,983,546		2,983,546	100.0
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	0	0.0	2,983,546	0	2,983,546	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 6).....	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	0
3.	Current year change in encumbrances:	
3.1	Totals, Part 1, Column 13.....	
3.2	Totals, Part 3, Column 11.....	0
4.	Total gain (loss) on disposals, Part 3, Column 18.....	
5.	Deduct amounts received on disposals, Part 3, Column 15.....	
6.	Total foreign exchange change in book/adjusted carrying value:	
6.1	Totals, Part 1, Column 15.....	
6.2	Totals, Part 3, Column 13.....	0
7.	Deduct current year's other-than-temporary impairment recognized:	
7.1	Totals, Part 1, Column 12.....	
7.2	Totals, Part 3, Column 10.....	0
8.	Deduct current year's depreciation:	
8.1	Totals, Part 1, Column 11.....	
8.2	Totals, Part 3, Column 9.....	0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0
10.	Deduct total nonadmitted amounts.....	
11.	Statement value at end of current period (Line 9 minus Line 10).....	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 7).....	
2.2	Additional investment made after acquisition (Part 2, Column 8).....	0
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 12.....	
3.2	Totals, Part 3, Column 11.....	0
4.	Accrual of discount.....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 9.....	
5.2	Totals, Part 3, Column 8.....	0
6.	Total gain (loss) on disposals, Part 3, Column 18.....	
7.	Deduct amounts received on disposals, Part 3, Column 15.....	
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:	
9.1	Totals, Part 1, Column 13.....	
9.2	Totals, Part 3, Column 13.....	0
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 11.....	
10.2	Totals, Part 3, Column 10.....	0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12.	Total valuation allowance.....	
13.	Subtotal (Line 11 plus Line 12).....	0
14.	Deduct total nonadmitted amounts.....	
15.	Statement value at end of current period (Line 13 minus Line 14).....	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 8).....	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	0
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 16.....	
3.2	Totals, Part 3, Column 12.....	0
4.	Accrual of discount.....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 13.....	
5.2	Totals, Part 3, Column 9.....	0
6.	Total gain (loss) on disposals, Part 3, Column 19.....	
7.	Deduct amounts received on disposals, Part 3, Column 16.....	
8.	Deduct amortization of premium and depreciation.....	
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Totals, Part 1, Column 17.....	
9.2	Totals, Part 3, Column 14.....	0
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 15.....	
10.2	Totals, Part 3, Column 11.....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12.	Deduct total nonadmitted amounts.....	
13.	Statement value at end of current period (Line 11 minus Line 12).....	0

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of bonds and stocks acquired, Part 3, Column 7.....	
3.	Accrual of discount.....	
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12.....	
4.2	Part 2, Section 1, Column 15.....	
4.3	Part 2, Section 2, Column 13.....	
4.4	Part 4, Column 11.....	0
5.	Total gain (loss) on disposals, Part 4, Column 19.....	
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....	
7.	Deduct amortization of premium.....	
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15.....	
8.2	Part 2, Section 1, Column 19.....	
8.3	Part 2, Section 2, Column 16.....	
8.4	Part 4, Column 15.....	0
9.	Deduct current year's other-than-temporary impairment recognized:	
9.1	Part 1, Column 14.....	
9.2	Part 2, Section 1, Column 17.....	
9.3	Part 2, Section 2, Column 14.....	
9.4	Part 4, Column 13.....	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0
11.	Deduct total nonadmitted amounts.....	
12.	Statement value at end of current period (Line 10 minus Line 11).....	0

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States.....	.....	.....	.....	.....
	2. Canada.....	.....	.....	.....	.....
	3. Other Countries.....	.....	.....	.....	.....
	4. Totals.....	C	C	C	C
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....	.....	.....	.....	.....
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....	.....	.....	.....	.....
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....	.....	.....	.....	.....
Industrial and Miscellaneous and Hybrid Securities (Unaffiliated)	8. United States.....	.....	.....	.....	.....
	9. Canada.....	.....	.....	.....	.....
	10. Other Countries.....	.....	.....	.....	.....
	11. Totals.....	C	C	C	C
Parent, Subsidiaries and Affiliates	12. Totals.....	.....	.....	.....	.....
	13. Total Bonds.....	C	C	C	C
PREFERRED STOCKS Industrial and Miscellaneous (Unaffiliated)	14. United States.....	.....	.....	.....	.....
	15. Canada.....	.....	.....	.....	.....
	16. Other Countries.....	.....	.....	.....	.....
	17. Totals.....	C	C	C	C
Parent, Subsidiaries and Affiliates	18. Totals.....	.....	.....	.....	.....
	19. Total Preferred Stocks.....	C	C	C	C
COMMON STOCKS Industrial and Miscellaneous (Unaffiliated)	20. United States.....	.....	.....	.....	.....
	21. Canada.....	.....	.....	.....	.....
	22. Other Countries.....	.....	.....	.....	.....
	23. Totals.....	C	C	C	C
Parent, Subsidiaries and Affiliates	24. Totals.....	.....	.....	.....	.....
	25. Total Common Stocks.....	C	C	C	C
	26. Total Stocks.....	C	C	C	C
	27. Total Bonds and Stocks....	C	C	C	C

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1.....						C	0.0		0.0		
1.2 NAIC 2.....						C	0.0		0.0		
1.3 NAIC 3.....						C	0.0		0.0		
1.4 NAIC 4.....						C	0.0		0.0		
1.5 NAIC 5.....						C	0.0		0.0		
1.6 NAIC 6.....						C	0.0		0.0		
1.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
2. All Other Governments											
2.1 NAIC 1.....						C	0.0		0.0		
2.2 NAIC 2.....						C	0.0		0.0		
2.3 NAIC 3.....						C	0.0		0.0		
2.4 NAIC 4.....						C	0.0		0.0		
2.5 NAIC 5.....						C	0.0		0.0		
2.6 NAIC 6.....						C	0.0		0.0		
2.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 NAIC 1.....						C	0.0		0.0		
3.2 NAIC 2.....						C	0.0		0.0		
3.3 NAIC 3.....						C	0.0		0.0		
3.4 NAIC 4.....						C	0.0		0.0		
3.5 NAIC 5.....						C	0.0		0.0		
3.6 NAIC 6.....						C	0.0		0.0		
3.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1.....						C	0.0		0.0		
4.2 NAIC 2.....						C	0.0		0.0		
4.3 NAIC 3.....						C	0.0		0.0		
4.4 NAIC 4.....						C	0.0		0.0		
4.5 NAIC 5.....						C	0.0		0.0		
4.6 NAIC 6.....						C	0.0		0.0		
4.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1.....						C	0.0		0.0		
5.2 NAIC 2.....						C	0.0		0.0		
5.3 NAIC 3.....						C	0.0		0.0		
5.4 NAIC 4.....						C	0.0		0.0		
5.5 NAIC 5.....						C	0.0		0.0		
5.6 NAIC 6.....						C	0.0		0.0		
5.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 NAIC 1.....						C	0.0		0.0		
6.2 NAIC 2.....						C	0.0		0.0		
6.3 NAIC 3.....						C	0.0		0.0		
6.4 NAIC 4.....						C	0.0		0.0		
6.5 NAIC 5.....						C	0.0		0.0		
6.6 NAIC 6.....						C	0.0		0.0		
6.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
7. Hybrid Securities											
7.1 NAIC 1.....						C	0.0		0.0		
7.2 NAIC 2.....						C	0.0		0.0		
7.3 NAIC 3.....						C	0.0		0.0		
7.4 NAIC 4.....						C	0.0		0.0		
7.5 NAIC 5.....						C	0.0		0.0		
7.6 NAIC 6.....						C	0.0		0.0		
7.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C
8. Parent, Subsidiaries and Affiliates											
8.1 NAIC 1.....						C	0.0		0.0		
8.2 NAIC 2.....						C	0.0		0.0		
8.3 NAIC 3.....						C	0.0		0.0		
8.4 NAIC 4.....						C	0.0		0.0		
8.5 NAIC 5.....						C	0.0		0.0		
8.6 NAIC 6.....						C	0.0		0.0		
8.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	C

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation		1	2	3	4	5	6	7	8	9	10	11
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 9.7	Total from Column 6 Prior Year	% from Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
9.	Total Bonds Current Year											
	9.1 NAIC 1.....	(d).....0	C	C	C	C	C	0.0	XXX	XXX	C	C
	9.2 NAIC 2.....	(d).....0	C	C	C	C	C	0.0	XXX	XXX	C	C
	9.3 NAIC 3.....	(d).....0	C	C	C	C	C	0.0	XXX	XXX	C	C
	9.4 NAIC 4.....	(d).....0	C	C	C	C	C	0.0	XXX	XXX	C	C
	9.5 NAIC 5.....	(d).....0	C	C	C	C	(c).....C	0.0	XXX	XXX	C	C
	9.6 NAIC 6.....	(d).....0	C	C	C	C	(c).....C	0.0	XXX	XXX	C	C
	9.7 Totals.....	C	C	C	C	C	(b).....0	0.0	XXX	XXX	C	C
	9.8 Line 9.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0
	Total Bonds Prior Year											
10.	10.1 NAIC 1.....						XXX	XXX	C	0.0		
	10.2 NAIC 2.....						XXX	XXX	C	0.0		
	10.3 NAIC 3.....						XXX	XXX	C	0.0		
	10.4 NAIC 4.....						XXX	XXX	C	0.0		
	10.5 NAIC 5.....						XXX	XXX	(c).....C	0.0		
	10.6 NAIC 6.....						XXX	XXX	(c).....C	0.0		
	10.7 Totals.....	C	C	C	C	C	XXX	XXX	(b).....0	XXX	C	C
	10.8 Line 10.7 as a % of Col. 8.....	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
	Total Publicly Traded Bonds											
	11.1 NAIC 1.....						C	0.0	C	0.0	C	XXX
11.	11.2 NAIC 2.....						C	0.0	C	0.0	C	XXX
	11.3 NAIC 3.....						C	0.0	C	0.0	C	XXX
	11.4 NAIC 4.....						C	0.0	C	0.0	C	XXX
	11.5 NAIC 5.....						C	0.0	C	0.0	C	XXX
	11.6 NAIC 6.....						C	0.0	C	0.0	C	XXX
	11.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	C	XXX
	11.8 Line 11.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0	XXX
	11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
	Total Privately Placed Bonds											
	12.1 NAIC 1.....						C	0.0	C	0.0	XXX	C
12.	12.2 NAIC 2.....						C	0.0	C	0.0	XXX	C
	12.3 NAIC 3.....						C	0.0	C	0.0	XXX	C
	12.4 NAIC 4.....						C	0.0	C	0.0	XXX	C
	12.5 NAIC 5.....						C	0.0	C	0.0	XXX	C
	12.6 NAIC 6.....						C	0.0	C	0.0	XXX	C
	12.7 Totals.....	C	C	C	C	C	C	0.0	C	0.0	XXX	C
	12.8 Line 12.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
	12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z**" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations.....						C	0.0		0.0		
1.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
1.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
2. All Other Governments											
2.1 Issuer Obligations.....						C	0.0		0.0		
2.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
2.5 Totals.....	C	0	C	0	0	C	0.0	C	0.0	C	0
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations.....						C	0.0		0.0		
3.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
3.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations.....						C	0.0		0.0		
4.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
4.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations.....						C	0.0		0.0		
5.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
5.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
5.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
5.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Issuer Obligations.....						C	0.0		0.0		
6.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
6.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
6.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
7. Hybrid Securities											
7.1 Issuer Obligations.....						C	0.0		0.0		
7.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
7.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations.....						C	0.0		0.0		
8.2 Residential Mortgage-Backed Securities.....						C	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities.....						C	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities.....						C	0.0		0.0		
8.5 Totals.....	C	C	C	0	0	C	0.0	C	0.0	C	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations.....	.C	.C	.C	.0	.0	.C	.00	.XXX	.XXX	.C	.0
9.2 Residential Mortgage-Backed Securities.....	.C	.C	.C	.0	.0	.C	.00	.XXX	.XXX	.C	.0
9.3 Commercial Mortgage-Backed Securities.....	.C	.C	.C	.0	.0	.C	.00	.XXX	.XXX	.C	.0
9.4 Other Loan-Backed and Structured Securities.....	.C	.C	.C	.0	.0	.C	.00	.XXX	.XXX	.C	.0
9.5 Totals.....	.C	.C	.C	.0	.0	.C	.00	.XXX	.XXX	.C	.0
9.6 Line 9.5 as a % of Col. 6.....	.00	.00	.00	.00	.00	.00	.XXX	.XXX	.XXX	.00	.00
10. Total Bonds Prior Year											
10.1 Issuer Obligations.....						.XXX	.XXX	.C	.00		
10.2 Residential Mortgage-Backed Securities.....						.XXX	.XXX	.C	.00		
10.3 Commercial Mortgage-Backed Securities.....						.XXX	.XXX	.C	.00		
10.4 Other Loan-Backed and Structured Securities.....						.XXX	.XXX	.C	.00		
10.5 Totals.....	.C	.C	.C	.0	.0	.XXX	.XXX	.C	100.0	.C	.0
10.6 Line 10.5 as a % of Col. 8.....	.00	.00	.00	.00	.00	.XXX	.XXX	.00	.XXX	.00	.00
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations.....						.C	.00	.C	.00	.C	.XXX
11.2 Residential Mortgage-Backed Securities.....						.C	.00	.C	.00	.C	.XXX
11.3 Commercial Mortgage-Backed Securities.....						.C	.00	.C	.00	.C	.XXX
11.4 Other Loan-Backed and Structured Securities.....						.C	.00	.C	.00	.C	.XXX
11.5 Totals.....	.C	.C	.C	.0	.0	.C	.00	.C	.00	.C	.XXX
11.6 Line 11.5 as a % of Col. 6.....	.00	.00	.00	.00	.00	.00	.XXX	.C	.XXX	.00	.XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9.....	.00	.00	.00	.00	.00	.00	.XXX	.XXX	.XXX	.00	.XXX
12. Total Privately Placed Bonds											
12.1 Issuer Obligations.....						.C	.00	.C	.00	.XXX	.0
12.2 Residential Mortgage-Backed Securities.....						.C	.00	.C	.00	.XXX	.0
12.3 Commercial Mortgage-Backed Securities.....						.C	.00	.C	.00	.XXX	.0
12.4 Other Loan-Backed and Structured Securities.....						.C	.00	.C	.00	.XXX	.0
12.5 Totals.....	.C	.C	.C	.0	.0	.C	.00	.C	.00	.XXX	.0
12.6 Line 12.5 as a % of Col. 6.....	.00	.00	.00	.00	.00	.00	.XXX	.XXX	.XXX	.XXX	.00
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9.....	.00	.00	.00	.00	.00	.00	.XXX	.XXX	.XXX	.XXX	.00

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	(				
2. Cost of short-term investments acquired.....	(				
3. Accrual of discount.....	(				
4. Unrealized valuation increase (decrease).....	(				
5. Total gain (loss) on disposals.....	(				
6. Deduct consideration received on disposals.....	(				
7. Deduct amortization of premium.....	(				
8. Total foreign exchange change in book/adjusted carrying value.....	(				
9. Deduct current year's other-than-temporary impairment recognized.....	(				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	(	(	(	(	(
11. Deduct total nonadmitted amounts.....	(				
12. Statement value at end of current period (Line 10 minus Line 11).....	(	(	(	(	(

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.....

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year).....	
2.	Cost paid/(consideration received) on additions:	
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12.....	
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14.....	0
3.	Unrealized valuation increase/(decrease):	
3.1	Section 1, Column 17.....	
3.2	Section 2, Column 19.....	0
4.	Total gain (loss) on termination recognized, Section 2, Column 22.....	
5.	Considerations received/(paid) on terminations, Section 2, Column 15.....	
6.	Amortization:	
6.1	Section 1, Column 19.....	
6.2	Section 2, Column 21.....	0
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item:	
7.1	Section 1, Column 20.....	
7.2	Section 2, Column 23.....	0
8.	Total foreign exchange change in Book/Adjusted Carrying Value:	
8.1	Section 1, Column 18.....	
8.2	Section 2, Column 20.....	0
9.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8).....	0
10.	Deduct nonadmitted assets.....	
11.	Statement value at end of current period (Line 9 minus Line 10).....	0

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 6 prior year).....	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column).....	
3.1	Add:	
	Change in variation margin on open contracts - highly effective hedges:	
3.11	Section 1, Column 15, current year minus.....	
3.12	Section 1, Column 15, prior year.....	0
	Change in the valuation margin on open contracts - all other:	
3.13	Section 1, Column 18, current year minus.....	
3.14	Section 1, Column 18, prior year.....	0
		0
3.2	Add:	
	Change in adjustment to basis of hedged item:	
3.21	Section 1, Column 17, current year to date minus.....	
3.22	Section 1, Column 17, prior year.....	0
	Change in amount recognized:	
3.23	Section 1, Column 19, current year to date minus.....	
3.24	Section 1, Column 19, prior year.....	0
		0
3.3	Subtotal (Line 3.1 minus Line 3.2).....	0
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15).....	
4.2	Less:	
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17).....	
4.22	Amount recognized (Section 2, Column 16).....	0
4.3	Subtotal (Line 4.1 minus Line 4.2).....	0
5.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year.....	
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year.....	
6.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....	0
7.	Deduct nonadmitted assets.....	
8.	Statement value at end of current period (Line 6 minus Line 7).....	0

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic) Asset Transactions		Components of the Replication (Synthetic Asset) Transactions													
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
		NAIC Designation or Other	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desig. or Other Description	Book/Adjusted Carrying Value	Fair Value

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

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

Sequent Midwest Business Health Fund
SCHEDULE DB - VERIFICATION

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

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14.....	_____	
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote-Total Ending Cash Balance.....	_____	
3.	Subtotal (Line 1 plus Line 2).....	_____	0
4.	Part D, Section 1, Column 5.....	_____	
5.	Part D, Section 1, Column 6.....	_____	
6.	Total (Line 3 minus Line 4 minus Line 5).....	_____	0

Fair Value Check

7.	Part A, Section 1, Column 16.....	_____	
8.	Part B, Section 1, Column 13.....	_____	
9.	Total (Line 7 plus Line 8).....	_____	0
10.	Part D, Section 1, Column 8.....	_____	
11.	Part D, Section 1, Column 9.....	_____	
12.	Total (Line 9 minus Line 10 minus Line 11).....	_____	0

Potential Exposure Check

13.	Part A, Section 1, Column 21.....	_____	
14.	Part B, Section 1, Column 20.....	_____	
15.	Part D, Section 1, Column 11.....	_____	
16.	Total (Line 13 plus Line 14 minus Line 15).....	_____	0

Sequent Midwest Business Health Fund

SCHEDULE E - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	C	.....	.....
2. Cost of cash equivalents acquired.....	C	.....	.....
3. Accrual of discount.....	C	.....	.....
4. Unrealized valuation increase (decrease).....	C	.....	.....
5. Total gain (loss) on disposals.....	C	.....	.....
6. Deduct consideration received on disposals.....	C	.....	.....
7. Deduct amortization of premium.....	C	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	C	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	C	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	C	C	C
11. Deduct total nonadmitted amounts.....	C	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	C	C	C

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:.....

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	3		4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances			14	15	16	17
		Location									11	12	13				
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A C.V. (13 - 11 - 12)	Total Foreign Exchange Change in B/A C.V.	Gross Income Earned Less Interest on Encumbrances	Taxes, Repairs, and Expenses Incurred	

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

1 Description of Property	2 Location		3	4	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	City	State		Date Acquired					

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales under Contract"

1 Description of Property	Location		4	5 Name of Purchaser	6 Actual Cost	7 Expanded (or Additions, Permanent Improvements and Changes in Encumbrances	Change in Book/Adjusted Carrying Value Less Encumbrances				14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2	3					9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)							

SCHEDULE B - PART 1

Showing all Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	Location		5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book ValueRecorded Investment Excluding Accrued Interest	9 Unrealized Valuation Increase (Decrease)	10 Current Year (Amortization) Accretion	11 Current Year's Other Than- Temporary Impairment Recognized	Change in Book ValueRecorded Investment		14 Value of Land and Buildings	15 Date of Last Appraisal or Valuation
		City	State								12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in Book Value		

General Interrogatory:
1. Mortgages in good standing \$.....0 unpaid taxes \$.....0 interest due and unpaid.
2. Restructured mortgages \$.....0 unpaid taxes \$.....0 interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.
4. Mortgages in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1 Loan Number	2 Location		3 State	4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
	City								

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Disposal Date	7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Change in Book Value/Recorded Investment				11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8-9-10+11)	13 Total Foreign Exchange Change in Book Value	14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
	2 City	3 State					8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization) Accretion	10 Current Year's Other-Than- Temporary Impairment Recognized	11								

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3 Code	4 Location		6 Name of Vendor or General Partner	7 NAIC Designation	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	12 Book/Adjusted Carrying Value Less Encumbrances	Change in Book/Adjusted Carrying Value				18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership
			4	5								13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization) / Accretion	15 Current Year's Other-Than-Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in B/A/C/V		

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Vendor or General Partner	6 Date Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
			4 State							

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	15	16	17	18	19	20
		3	4					9	10	11	12								
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B/A C.V. (9+10-11+12)	Total Foreign Exchange Change in B/A C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value			Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign Bond CHAR			NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B/A C.V.	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	

SCHEDULE D - PART 2 - SECTION 1
Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value				20	21	
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Folio rel Code		Number of Shares	Par Value per Share	Rate per Share	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C.V. (15-16-17)	Total Foreign Exchange Change in B/A C.V.	NAIC Designation	Date Acquired

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	F or ei		Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C.V. (13-14)	Total Foreign Exchange Change in B/A C.V.	NAIC Market Indicator (a)	Date Acquired
989999	Total Common and Preferred Stock					XXX										XXX	XXX

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues.....0, the total \$ value (included in Column 8) of all such issues \$.....0

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3 F or e l i g i b l e	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value			16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other Than- Temporary Impairment Recognized	14 Total Change in B / A C.V. (11+12+13)					

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F or e t g n	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consideration	11 Book/Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value				17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends
											12 Unrealized Valuation Increase (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Change in B/A/C/V. (12+13+14)					

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	Stock of Such Company Owned by Insurer on Statement Date	
								9	10
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code or Alien Insurer Identification Number	NAIC Valuation Method (See Purposes and Procedures Manual of the NAIC Investment Analysis Office)	Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book/Adjusted Carrying Value	Number of Shares	% of Outstanding

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.....0.
2. Total amount of intangible assets nonadmitted \$.....0.

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	3		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest					21	
		Codes	4					9	10	11	12			15	16	17	18	19		20
CUSIP Identification	Description			Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value	Cost	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B/A C.V.	Current Year's (Amortization) / Accretion	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (b)

SCHEDULE DB - PART A - SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/Adjusted Carrying Value	Cost	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B/A/C/V	Current Year's (Amortization) / Accretion	Gain (Loss) on Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) on Termination - Deferred	Hedge Effectiveness at Inception and at Termination (b)

SCHEDULE DB - PART B - SECTION 1
Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/Adjusted Carrying Value	15	16	17	Cumulative Variation Margin for All Other Hedges	Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-end (b)	Value of One (1) Point
														Cumulative Variation Margin	Deferred Variation Margin	Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item					

SCHEDULE DB - PART B - SECTION 2

Futures Contracts Terminated December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Used for Income Generation or Replicated	6 Schedule / Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Indicate Exercise, Expiration, Maturity or Sale	15 Cumulative Variation Margin at Termination	Change in Variation Margin			19 Hedge Effectiveness at Inception and at Termination (b)	20 Value of One (1) Point
															16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred		

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1	2	3	4	Book Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description of Exchanges, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts with Book/Adjusted Carrying Value > 0	Contracts with Book/Adjusted Carrying Value < 0	Exposure Net of Collateral	Contracts with Fair Value > 0	Contracts with Fair Value < 0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
											
1. Offset per SSAP No. 64				0	.....	.....	.....	.....	.....	.....	.....
2. Net after right of offset per SSAP No. 64				0	.....	.....	.....	.....	.....	.....	.....

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

1 Exchange Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation / Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Date

- General Interrogatories:
- 1. The activity for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
 - 2. Average balance for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
 - 3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
NAIC 1: \$.....0 NAIC 2: \$.....0 NAIC 3: \$.....0 NAIC 4: \$.....0 NAIC 5: \$.....0 NAIC 6: \$.....0

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation / Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Date

General Interrogatories:

1. The activity for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

Statement as of December 31, 2015 of the

Sequent Midwest Business Health Fund

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
JP Morgan Chase Bank N/A.....					2,983,546	XXX
0199999. Total - Open Depositories.....	XXX	XXX	0	0	2,983,546	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	2,983,546	XXX
0599999. Total Cash.....	XXX	XXX	0	0	2,983,546	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	4. April.....	7. July.....	10. October.....
2. February.....	5. May.....	8. August.....	11. November.....
3. March.....	6. June.....	9. September.....	12. December.....
			3,167,177
			2,914,050
			2,983,546

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1	2	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			3	4	5	6
States, Etc.	Type of Deposit	Purpose of Deposit	Book/Adjusting Carrying Value	Fair Value	Book/Adjusting Carrying Value	Fair Value
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM						
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CAN						
58. Aggregate Alien and Other.....OT	XXX	XXX	0	0	0	0
59. Total.....	XXX	XXX	0	0	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for line 58 from overflow page.....	XXX	XXX	0	0	0	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	0	0