15499201520100100

ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

RiverLink Health

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

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

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

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

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

Main Administrative Office 10496 Montgomery Road, Suite 212….. Cincinnati ..... OH ..... US …. 45242 866-329-3970
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Web Site Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340
(Name) (Area Code) (Telephone Number) (Extension)

thuy.le@prominencehealth.com 253-517-4385
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Charles William Hanson | Jennifer Jean Boeff # | Christine Catherine Mulheran | Mark Fred Bjornson

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

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

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

Subscribed and sworn to before me
This _____ day of _____ 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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	942					942
0299998. Premiums due and unpaid not individually listed	26,530					26,530
0299999. Total group	26,530	0	0	0	0	26,530
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	27,472	0	0	0	0	27,472

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Med Impact	36,272		8,872			45,144
0199999. Total Pharmaceutical Rebate Receivables	36,272	0	8,872	0	0	45,144
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually	30,560					30,560
0399999. Total Loans and Advances to Providers	30,560	0	0	0	0	30,560
Other Receivables						
0699998. Other Receivables Not Listed Individually	343					343
0699999. Total Other Receivables	343	0	0	0	0	343
0799999. Gross Health Care Receivables	67,175	0	8,872	0	0	76,047

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		25,290		45,144	0	
2. Claim overpayment receivables					0	
3. Loans and advances to providers				30,560	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables				343	0	
7. Totals (Lines 1 through 6)	0	25,290	0	76,047	0	0

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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Claims Unpaid - Pharmacy	30,850					30,850
0199999. Individually listed claims unpaid	30,850	0	0	0	0	30,850
0499999. Subtotals	30,850	0	0	0	0	30,850
0599999. Unreported claim and other claim reserves						665,471
0799999. Total claims unpaid						696,321

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Prominence Health Plan Services, Inc	Admintrative services	286,325	286,325	
0199999. Individually listed payables		286,325	286,325	0
0399999. Total gross payables		286,325	286,325	0

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	95,036	2.2	650	100.0		95,036
3. All other providers	0	0.0				
4. Total capitation payments	95,036	2.2	650	100.0	0	95,036
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	3,465,323	81.6	XXX	XXX	799,930	2,665,393
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	139,960	3.3	XXX	XXX		139,960
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	546,049	12.9	XXX	XXX		546,049
12. Total other payments	4,151,332	97.8	XXX	XXX	799,930	3,351,402
13. Total (Line 4 plus Line 12)	4,246,368	100.0	XXX	XXX	799,930	3,446,438

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
Transactions with Intermediaries					
	American Specialty Healthcare Network	25,674			
	Vision Service Plan	51,195			
	Reliant	18,168			
9999999. Totals		95,037	XXX	XXX	XXX

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						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

* 1 5 4 9 9 2 0 1 5 4 3 0 5 9 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....RiverLink Health 2. Cincinnati, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....4807

NAIC Company Code.....15499

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	626							626		
3. Second quarter	637							637		
4. Third quarter	645							645		
5. Current year	650							650		
6. Current year member months	7,649							7,649		
Total Member Ambulatory Encounters for Year:										
7. Physician	6,471							6,471		
8. Non-physician	1,665							1,665		
9. Totals	8,136	0	0	0	0	0	0	8,136	0	0
10. Hospital patient days incurred	256							256		
11. Number of inpatient admissions	74							74		
12. Health premiums written (b)	4,334,623							4,334,623		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,334,623							4,334,623		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	4,246,368							4,246,368		
18. Amount incurred for provision of health care services	4,365,790							4,365,790		

(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 $.....4,334,623

* 1 5 4 9 9 2 0 1 5 4 3 0 3 6 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....RiverLink Health 2. Ohio

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

NAIC Group Code.....4807

NAIC Company Code.....15499

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	626							626		
3. Second quarter	637							637		
4. Third quarter	645							645		
5. Current year	650							650		
6. Current year member months	7,649							7,649		
Total Member Ambulatory Encounters for Year:										
7. Physician	6,471							6,471		
8. Non-physician	1,665							1,665		
9. Totals	8,136	0	0	0	0	0	0	8,136	0	0
10. Hospital patient days incurred	256							256		
11. Number of inpatient admissions	74							74		
12. Health premiums written (b)	4,334,623							4,334,623		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,334,623							4,334,623		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	4,246,368							4,246,368		
18. Amount incurred for provision of health care services	4,365,790							4,365,790		

(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 $.....4,334,623

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572	43-1235868	01/01/2015	RGA Reinsurance Company	MO	119,422	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				119,422	0
2199999.	Total - Accident and Health Non-Affiliates				119,422	0
2299999.	Total - Accident and Health				119,422	0
2399999.	Total U.S.				119,422	0
9999999.	Total				119,422	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572	43-1235868	01/01/2015	RGA Reinsurance Company	MO	SSL/A/I	MR	281,876						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						281,876	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						281,876	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						281,876	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						281,876	0	0	0	0	0	0
6999999.	Total - U.S.						281,876	0	0	0	0	0	0
9999999.	Total						281,876	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

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					
2.	Title XVIII - Medicare	282				
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	119				
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	119				
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

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)	4,610,808		4,610,808
2.	Accident and health premiums due and unpaid (Line 15)	27,472		27,472
3.	Amounts recoverable from reinsurers (Line 16.1)	119,422	(119,422)	0
4.	Net credit for ceded reinsurance	XXX	119,422	119,422
5.	All other admitted assets (balance)	254,891		254,891
6.	Totals assets (Line 28)	5,012,593	0	5,012,593
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	696,321		696,321
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	811,705		811,705
15.	Total liabilities (Line 24)	1,508,026	0	1,508,026
16.	Total capital and surplus (Line 33)	3,504,567	XXX	3,504,567
17.	Total liabilities, capital and surplus (Line 34)	5,012,593	0	5,012,593
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	119,422		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	119,422		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	119,422		

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 CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	46-1224037	Prominence Health Plan Services		(1,250,000)			398,478				(851,522)	
15499	46-4380824	RiverLink Health		1,250,000			(398,478)				851,522	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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.

		Responses
	MARCH FILING	
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?	YES
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?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
	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?	YES
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?	NO
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?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

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