

QUARTERLY STATEMENT

OF THE

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**OFFICE OF RISK
ASSESSMENT**

Sequent Midwest Business Health Fund

Of

**Columbus
in the state of OH**

**to the Insurance Department
of the State of Ohio**

**For the Period Ended
September 30, 2016**

2016



HEALTH QUARTERLY STATEMENT

As of September 30, 2016
of the Condition and Affairs of the

Sequent Midwest Business Health Fund

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

NAIC Company Code..... 121

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) (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)
jcaldwell@sequent.biz
(E-Mail Address)

614-410-2395
(Area Code) (Telephone Number) (Extension)
614-410-3715
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Dwight William Seeley #	Vice President	2.	
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Jeffrey Saunders Smith #	Justin Chadwell Eddy #	Isabell H Toth #	Jonathan Alexander Allison #
Michael Peter Stinziano #			

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)	_____ (Signature)	_____ (Signature)
Dwight William Seeley 1. (Printed Name)	_____ 2. (Printed Name)	_____ 3. (Printed Name)
Vice President (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This 11th day of November

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 _____



KIM FREEMAN
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03 O.R.C.

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			C	
2. Stocks:				
2.1 Preferred stocks.....			C	
2.2 Common stocks.....			C	
3. Mortgage loans on real estate:				
3.1 First liens.....			C	
3.2 Other than first liens.....			C	
4. Real estate:				
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 (\$.....3,194,546), cash equivalents (\$.....0) and short-term investments (\$.....0).....	3,194,546		3,194,546	2,983,546
6. Contract loans (including \$.....0 premium notes).....			C	
7. Derivatives.....			C	
8. Other invested assets.....			C	
9. Receivables for securities.....			C	
10. Securities lending reinvested collateral assets.....			C	
11. Aggregate write-ins for invested assets.....	C	C	C	C
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,194,546	C	3,194,546	2,983,546
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.....	2,474		2,474	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	173,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,370,020	C	3,370,020	3,160,152
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			C	
28. Total (Lines 26 and 27).....	3,370,020	C	3,370,020	3,160,152

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. Deposit.....	173,000		173,000	173,000
2502.			C	
2503.			C	
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	173,000

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,463,177		1,463,177	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.....			C	52,353
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized 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.....	142		142	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 reinsurers and certified \$.....0 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).....	C	C	C	69,017
24. Total liabilities (Lines 1 to 23).....	1,463,319	C	1,463,319	1,135,099
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	1,906,701	2,025,052
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,906,701	2,025,052
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,370,020	3,160,151

DETAILS OF WRITE-INS

2301. Transitional Re-Insurance Fee.....			C	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).....	C	C	C	69,017
2501.				
2502.				
2503.				
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.				
3002.				
3003.				
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	69,078		20,713
2. Net premium income (including \$.....0 non-health premium income).....	XXX	8,233,290		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	C
7. Aggregate write-ins for other non-health revenues.....	XXX	C	C	C
8. Total revenues (Lines 2 to 7).....	XXX	8,233,290	C	2,306,476
Hospital and Medical:				
9. Hospital/medical benefits.....		5,259,745		1,259,783
10. Other professional services.....		698,841		258,226
11. Outside referrals.....				
12. Emergency room and out-of-area.....		491,633		143,165
13. Prescription drugs.....		1,594,678		573,752
14. Aggregate write-ins for other hospital and medical.....	C	C	C	C
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	C	8,044,897	C	2,234,926
Less:				
17. Net reinsurance recoveries.....		1,064,497		69,402
18. Total hospital and medical (Lines 16 minus 17).....	C	6,980,400	C	2,165,524
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....141,238 cost containment expenses.....		141,238		47,246
21. General administrative expenses.....		1,230,004		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	8,351,642	C	2,722,011
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(118,352)	C	(415,535)
25. Net investment income earned.....				
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	C	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	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	(118,352)	C	(415,535)
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	(118,352)	C	(415,535)

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	2,025,054		
34. Net income or (loss) from Line 32.....	(118,352)		(415,535)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			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	C
48. Net change in capital and surplus (Lines 34 to 47).....	(118,352)	C	2,025,054
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,906,702	C	2,025,054

DETAILS OF WRITE-INS

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

Statement as of September 30, 2016 of the

Sequent Midwest Business Health Fund

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	8,233,290		2,306,476
2. Net investment income.....			
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	8,233,290	C	2,306,476
5. Benefit and loss related payments.....	6,530,632		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.....	1,492,612		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).....	8,023,244	C	1,587,232
11. Net cash from operations (Line 4 minus Line 10).....	210,046	C	719,244
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	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	C
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	C	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).....	954		(176,286)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	954	C	2,264,303
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).....	211,000	C	2,983,547
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,983,547		
19.2 End of period (Line 18 plus Line 19.1).....	3,194,547	C	2,983,547
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	7,115		2,238		1,073	1,202				2,602
2. First Quarter.....	7,637		2,462		1,272	1,364				2,539
3. Second Quarter.....	7,770		2,524		1,267	1,371				2,608
4. Third Quarter.....	7,788		2,564		1,259	1,365				2,600
5. Current Year.....	C									
6. Current Year Member Months.....	69,078		22,327		11,368	12,259				23,124
Total Member Ambulatory Encounters for Period:										
7. Physician.....	221		221							
8. Non-Physician.....	11,207		11,207							
9. Total.....	11,428	C	11,428	C	C	C	C	C	C	C
10. Hospital Patient Days Incurred.....	272		272							
11. Number of Inpatient Admissions.....	6C		6C							
12. Health Premiums Written (a).....	10,043,321		9,134,668		115,979	694,429				98,245
13. Life Premiums Direct.....	C									
14. Property/Casualty Premiums Written.....	C									
15. Health Premiums Earned.....	10,043,321		9,134,668		115,979	694,429				98,245
16. Property/Casualty Premiums Earned.....	C									
17. Amount Paid for Provision of Health Care Services.....	6,000,451		6,000,451							
18. Amount Incurred for Provision of Health Care Services.....	8,044,897		8,044,897							

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

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)						
0599999. Unreported Claims and Other Claim Reserves.....						1,463,177
0799999. Total Claims Unpaid.....						1,463,177

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	1,024,990	5,505,642	25,734	1,437,443	1,050,724	1,013,409
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).....	1,024,990	5,505,642	25,734	1,437,443	1,050,724	1,013,409
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).....	1,024,990	5,505,642	25,734	1,437,443	1,050,724	1,013,409

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

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NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) Sequent Midwest Business Health Fund state basis (Page 4, Line 32, Columns 2 & 4)	OH	\$ (118,352)	\$ (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	\$ (118,352)	\$ (415,535)
SURPLUS			
(5) Sequent Midwest Business Health Fund state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 1,906,701	\$ 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	\$ 1,906,701	\$ 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 the State of Oho. Under this method, the Fund does not record prepaid expenses or recognize income on unbilled exit assessmets.

Claims payments are recorded when paid by the third-party claims procesor. 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 September 30, 2016 for health claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted acturarial 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. The total health claims incurred but not reported as of September 30, 2016 were \$1,102,054.

Administrative expenses are paid from Plan assets.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

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

NOTE 9 – INCOME TAXES

NOTES TO FINANCIAL STATEMENTS

None

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

NOTE 11 – DEBT

None

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

None

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

None

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

None

NOTE 15 – LEASES

None

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

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

None

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

No significant changes

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

No significant changes

NOTE 20 – FAIR VALUE MEASUREMENTS

None

Note 21 – Other Items

No significant changes

NOTE 22 – EVENTS SUBSEQUENT

None

NOTE 23 – REINSURANCE

No significant changes

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

None

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

None

NOTES TO FINANCIAL STATEMENTS

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

None

Note 27 –Structured Settlements

Not Applicable for Health Entities

Note 28 – Health care receivables

No significant changes

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

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]

2.1

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

Yes [☐] No [☒ X]

2.2

If yes, date of change:

3.1

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

Yes [☐] No [☒ X]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒ X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

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

Yes [☐] No [☒ X]

4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes [☐] No [☒ X] N/A [☐]

6.1

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

6.2

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

6.3

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

6.4

By what department or departments?

6.5

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

Yes [☐] No [☐] N/A [☒ X]

6.6

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

Yes [☐] No [☐] N/A [☒ X]

7.1

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

Yes [☐] No [☒ X]

7.2

If yes, give full information:

8.1

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

Yes [☐] No [☒ X]

8.2

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

8.3

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

Yes [☐] No [☒ X]

8.4

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

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

9.1

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

Yes [☒ X] No [☐]

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

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

Yes [☐] No [☒ X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

Q11

11/8/2016 10:53:11 AM

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

Yes ☒ No ☐
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$2,474

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0
13. Amount of real estate and mortgages held in short-term investments:

\$0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒
- 14.2 If yes, please complete the following:

1	2
Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$0	\$0
0	0
0	0
0	0
0	0
0	0
0	0
\$0	\$0
\$0	\$0

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐
- If no, attach a description with this statement.

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

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

\$0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0
- 16.3 Total payable for securities lending reported on the liability page:

\$0

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

Yes ☐ No ☒

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

1	2
Name of Custodian(s)	Custodian Address

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes ☐ No ☒

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

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

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

1	2	3
Central Registration Depository	Name(s)	Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

- 18.2 If no, list exceptions:

Sequent Midwest Business Health Fund

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	70.9 %
1.2 A&H cost containment percent	1.4 %
1.3 A&H expense percent excluding cost containment expenses	12.3 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	0
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.	0

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
JP Morgan Chase Bank NA..... 100 E. Broad St. 10th Floor Columbus, OH 43215-0170					3,261,186	3,053,851	3,194,546	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	3,261,186	3,053,851	3,194,546	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	3,261,186	3,053,851	3,194,546	XXX
0599999. Total Cash.....	XXX	XXX	0	0	3,261,186	3,053,851	3,194,546	XXX

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating
A&H Non-Affiliates								
10345.....	311440175.....	01/01/2015	Anthem Blue Cross Blue Shield.....	OH.....	OTH/G.....	Authorized.....		
79413.....	362739571.....	01/01/2015	BP-United Heathcare Insurance Company.....	CT.....	ASL/G.....	Authorized.....		
79413.....	362739571.....	01/01/2015	BP-United Heathcare Insurance Company.....	CT.....	SSL/G.....	Authorized.....		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only						
			2	3	4	5	6	7	8
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7
1.	Alabama.....AL	N							.0
2.	Alaska.....AK	N							.0
3.	Arizona.....AZ	N							.0
4.	Arkansas.....AF	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.....IC	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.....MC	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	9,945,076				98,245		10,043,321
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	XX	0	0	0	0	0	0	0
59.	Subtotal.....	XX	9,945,076	0	0	0	98,245	0	10,043,321
60.	Reporting entity contributions for Employee Benefit Plans.....	XX							0
61.	Total (Direct Business).....	(a)1	9,945,076	0	0	0	98,245	0	10,043,321

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

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

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

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)	*

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

NO

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

Explanation:
1. The data for this supplement is not required to be filed.

Bar Code:

* 1 2 1 2 0 1 6 3 6 5 0 0 0 0 3 *