



HEALTH QUARTERLY STATEMENT

As of September 30, 2016
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

PO Box 8849..... Cincinnati OH US 45208
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

33820 Weyerhaeuser Way S..... Federal Way WA US 98001
(Street and Number) (City or Town, State, Country and Zip Code)

866-789-7747
(Area Code) (Telephone Number)

Mail Address

PO Box 27510..... Federal Way WA US 98093
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

33820 Weyerhaeuser Way S..... Federal Way WA US 98001
(Street and Number) (City or Town, State, Country and Zip Code)

253-517-4300
(Area Code) (Telephone Number)

Internet Web Site Address

www.RiverLinkHealth.com

Statutory Statement Contact

Thuy Le
(Name)
thuy.le@qualchoicehealth.com
(E-Mail Address)

253-517-4340
(Area Code) (Telephone Number) (Extension)
253-517-4385
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Steven Charles Schramm	President, Chief Financial Officer, & Treasurer	2. William Nathan Young MD #	Chief Medical Officer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson	Charles William Hanson	Jennifer Jean Boeff	Michael Edward Stock #
David Allen Sorenson #			

State of..... Washington
County of..... King

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)
Steven Charles Schramm	William Nathan Young MD	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President, Chief Financial Officer, & Treasurer	Chief Medical Officer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

a. Is this an original filing?

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No []

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	4,644,875		4,644,875	4,549,884
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....899,589), cash equivalents (\$.....0) and short-term investments (\$....60,596).....	960,185		960,185	60,924
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	5,605,060	0	5,605,060	4,610,808
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	15,885		15,885	7,524
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,544		2,544	27,472
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	176,476		176,476	119,422
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	219,219		219,219	165,270
18.1 Current federal and foreign income tax recoverable and interest thereon.....	6,049		6,049	6,049
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....73,964) and other amounts receivable.....	148,945		148,945	76,047
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	6,174,178	0	6,174,178	5,012,593
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	6,174,178	0	6,174,178	5,012,593

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,008,591		1,008,591	.696,321
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	1,714		1,714	.883
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	813,005		813,005	.522,302
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	884,857		884,857	
9. General expenses due or accrued.....			.0	2,195
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	29,076		29,076	.286,325
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	2,737,243	.0	2,737,243	.1,508,026
25. Aggregate write-ins for special surplus funds.....	.XXX	.XXX	.0	.0
26. Common capital stock.....	.XXX	.XXX		
27. Preferred capital stock.....	.XXX	.XXX		
28. Gross paid in and contributed surplus.....	.XXX	.XXX	5,650,000	.4,650,000
29. Surplus notes.....	.XXX	.XXX		
30. Aggregate write-ins for other than special surplus funds.....	.XXX	.XXX	.0	.0
31. Unassigned funds (surplus).....	.XXX	.XXX	(2,213,066)	(.1,145,433)
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	.XXX	.XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	.XXX	.XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	.XXX	.XXX	3,436,934	.3,504,567
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.XXX	.XXX	6,174,178	.5,012,593

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	11,544	5,698	7,649
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	6,811,891	3,009,305	4,052,746
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	52,160		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	6,864,051	3,009,305	4,052,746
Hospital and Medical:				
9. Hospital/medical benefits.....		6,058,428	2,551,308	3,702,246
10. Other professional services.....		127,716	57,312	95,036
11. Outside referrals.....				
12. Emergency room and out-of-area.....		86,581	15,691	18,108
13. Prescription drugs.....		1,049,222	358,314	550,400
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	7,321,947	2,982,625	4,365,790
Less:				
17. Net reinsurance recoveries.....		197,147	75,827	119,422
18. Total hospital and medical (Lines 16 minus 17).....	0	7,124,800	2,906,798	4,246,368
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....92,352 cost containment expenses.....		111,111	94,958	131,830
21. General administrative expenses.....		453,777	273,412	345,275
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		290,703		522,302
23. Total underwriting deductions (Lines 18 through 22).....	0	7,980,391	3,275,168	5,245,775
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(1,116,340)	(265,863)	(1,193,029)
25. Net investment income earned.....		36,620	19,886	27,521
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		12,087	2,801	2,231
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	48,707	22,687	29,752
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,067,633)	(243,175)	(1,163,277)
31. Federal and foreign income taxes incurred.....	XXX.....		980	(5,930)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(1,067,633)	(244,155)	(1,157,347)

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	3,504,567	3,411,914	3,411,914
34. Net income or (loss) from Line 32.....	(1,067,633)	(244,155)	(1,157,347)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	1,000,000		1,250,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(67,633)	(244,155)	92,653
49. Capital and surplus end of reporting period (Line 33 plus 48).....	3,436,934	3,167,758	3,504,567

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	7,773,836	3,009,953	4,025,274
2. Net investment income.....	34,830	19,182	25,890
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	7,808,666	3,029,135	4,051,164
5. Benefit and loss related payments.....	6,550,755	2,542,187	3,745,516
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	620,201	457,093	639,297
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses).....	(0)	6,416	6,535
10. Total (Lines 5 through 9).....	7,170,955	3,005,696	4,391,348
11. Net cash from operations (Line 4 minus Line 10).....	637,711	23,439	(340,184)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	3,689,939	1,219,643	1,668,746
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).....	3,689,939	1,219,643	1,668,746
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,779,413	1,246,732	2,827,006
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).....	3,779,413	1,246,732	2,827,006
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).....	(89,474)	(27,089)	(1,158,260)
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.....	1,000,000		1,250,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(648,976)	93,345	286,325
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	351,024	93,345	1,536,325
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).....	899,261	89,695	37,881
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	60,925	23,043	23,043
19.2 End of period (Line 18 plus Line 19.1).....	960,186	112,738	60,925

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	650							650		
2. First Quarter.....	1,268							1,268		
3. Second Quarter.....	1,285							1,285		
4. Third Quarter.....	1,301							1,301		
5. Current Year.....	0									
6. Current Year Member Months.....	11,544							11,544		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	5,155							5,155		
8. Non-Physician.....	1,713							1,713		
9. Total.....	6,868	0	0	0	0	0	0	6,868	0	0
10. Hospital Patient Days Incurred.....	422							422		
11. Number of Inpatient Admissions.....	84							84		
12. Health Premiums Written (a).....	7,069,412							7,069,412		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,069,412							7,069,412		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	7,124,799							7,124,799		
18. Amount Incurred for Provision of Health Care Services.....	7,321,946							7,321,946		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,069,412.

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)						
Claims Unpaid - Pharmacy.....	57,545					57,545
0199999. Individually Listed Claims Unpaid.....	57,545	0	0	0	0	57,545
0499999. Subtotals.....	57,545	0	0	0	0	57,545
0699999. Total Amounts Withheld.....						951,046
0799999. Total Claims Unpaid.....						1,008,591

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	455,950	6,516,864	32,526	976,066	488,476	696,321
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	455,950	6,516,864	32,526	976,066	488,476	696,321
10. Healthcare receivables (a).....	62,024	69,784		73,622	62,024	45,144
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	393,926	6,447,080	32,526	902,444	426,452	651,177

(a) Excludes \$.....74,981 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

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

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

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

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

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

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Ohio Department of Insurance is show below:

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) RiverLink Health state basis (Page 4, Line 32, Columns 2 & 4)	OH	\$ (1,067,633)	\$ (1,157,347)
(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	\$ (1,067,633)	\$ (1,157,347)
SURPLUS			
(5) RiverLink Health state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 3,436,934	\$ 3,504,567
(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	\$ 3,436,934	\$ 3,504,567

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

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

C. Accounting Policy:

Revenue Recognition: The Company provides health benefits to Medicare-eligible members under contract with the Centers for Medicare and Medicaid Services (CMS). Premium revenue is fixed in advance of the periods covered and is not generally subject to significant accounting estimates.

Recognition of Health Care Costs: The Company arranges for medical care for its members through a combination of capitation agreements and fee-for-service programs with medical services providers. Medical and hospital expenses are recorded in the period the member receives or is entitled to the services. These expenses include payments to primary care physicians, specialists, hospitals, pharmacies and other medical services providers. Under capitation agreements, the Company pays a fixed amount per-member, per-month to providers for specified services (limited capitation) or for all services with limited exceptions (global capitation). Under limited capitation agreements and fee-for-service arrangements, the Company remains financially responsible for medical care provided to its members at discounted rates. Under global capitation agreements, the Company may retain financial responsibility for limited care, such as emergency or urgent out-of-area care, while the capitated provider group is responsible for all other care.

In addition, the Company uses the following accounting policies:

- (1) Cash and cash equivalents consist primarily of highly liquid instruments which mature within three months from the date of purchase.

NOTES TO FINANCIAL STATEMENTS

- (2)

Short-term investments consist primarily of investments purchased with an original maturity of 91 days to one year and certain money-market mutual funds.
- (3)

Bonds are stated at amortized cost using the interest method.
- (4)

Investments in common stock: None
- (5)

Investments in preferred stock: None
- (6)

Investments in mortgage loans: None
- (7)

Investments in loan-backed securities: None
- (8)

Investments in subsidiaries, controlled or affiliated companies: None
- (9)

Investments in joint ventures, partnerships and limited liability companies: None
- (10)

Investments in derivatives: None
- (11)

The Company assesses the profitability of its contracts for providing health care services to its members when current operating results or forecasts indicate probable future losses. The Company compares anticipated premiums and investment income to health care related costs, including estimated payments for providers, and costs of collecting premiums and processing claims. If the anticipated future costs exceed the premiums, a loss contract accrual is recognized.
- (12)

Claims unpaid and claims adjustment expenses represent management’s best estimate of the ultimate net cost of all reported and unreported claims incurred through the balance sheet date. These estimates are based on estimates of unreported claims using historical and statistical information as well as other environmental and operating factors. The estimates are subject to the effects of trends in claims severity and frequency, changes in the regulatory environment and economic conditions. Although considerable variability is inherent in such estimates, management believes that the liabilities for unpaid claims and related claims adjustment expenses are adequate. The methods for making such estimates and the resulting reserves are continually reviewed and updated as necessary as experience develops or new information becomes known with any adjustments included in current operations.
- (13)

There was no change in the capitalization policy from prior periods.
- (14)

The Company estimates amounts receivable for pharmacy rebates based on members’ script counts reported by its contracted pharmacy benefits administrator. The Company follows SSAP 84 in determining the admissibility of pharmacy rebates receivable.
- (15)

Premiums receivable greater than 90 days past due are non-admitted, with the exception of amounts due under government insurance plans, which may be admitted assets.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

- A.

Company has not participated in any statutory purchase during the current reporting period.
- B.

The Company has not been a party to a statutory merger during the current reporting period.
- C.

Company does not have any goodwill resulting from assumption of reinsurance.
- D.

The Company did not recognize an impairment loss on any of the transactions described above.

NOTE 4 – DISCONTINUED OPERATIONS

None.

NOTE 5 – INVESTMENTS

- A.

Mortgage Loans: None
- B.

Debt Restructuring: None
- C.

Reverse Mortgages: None
- D.

Loan-Backed Securities: None.
- E.

Repurchase Agreements and/or Securities Lending Transactions: None
- F.

Real Estate: None
- G.

Investments in low-income housing tax credits (LIHTC): None
- H.

Restricted Assets: No significant changes.
- I.

Working Capital Finance Investments: None
- J.

Offsetting and Netting of Assets and Liabilities: None.
- K.

Structured Notes: None

NOTES TO FINANCIAL STATEMENTS

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None.

NOTE 7 – INVESTMENT INCOME

No significant changes.

NOTE 8 – DERIVATIVE INSTRUMENTS

None.

NOTE 9 – INCOME TAXES

No significant changes.

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

On September 28, 2016, the Company received a Capital contribution in amount of \$1,000,000 from the parent company, QualChoice Health Plan Services, Inc.

NOTE 11 – DEBT

B. FHLB (Federal Home Loan Bank) Agreements: None

FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

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

A. -D. Defined Benefit Plan: None

E. See 12.G below.

F. Multiemployer Plans: None

G. Consolidated/Holding Company Plans: The Company’s employees participate in a defined contribution 401(k) plan sponsored by the Parent that covers substantially all full-time employees. Eligible employees are allowed to contribute up to the maximum allowed by law. The Company matches 100% of the first 1% and 50% of the next 5% of eligible pay an employee contributes to the Plan on a pre-tax basis and/or Roth after-tax basis. The Company also contributes equal to 2.5% of an employee's eligible pre-tax compensation, regardless of the contribution made by the employee to the Plan.

H. Postemployment Benefits and Compensated Absences: No postemployment benefits and no unrecorded amounts for compensated absences

I. Impact of Medicare Modernization Act on Post Retirement Benefits: None

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

None.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments: None

B. - F Not applicable

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.

NOTES TO FINANCIAL STATEMENTS

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

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

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

Not applicable.

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

Not applicable.

NOTE 20 – FAIR VALUE MEASUREMENTS

- A. The company reports investment at amortized cost.
- B. -D 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)? NO
- B. ACA fee assessment payable for the upcoming year
- C. ACA fee assessment paid
- D. Premium written subject to ACA 9010 assessment
- E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)
- F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above) 0
- G. Authorized Control Level after surplus adjustment (Five-Year Historical Line 15)
- H. Would reporting the ACA assessment as of Dec. 31, 2016 have triggered an RBC action level (YES/NO)? NO

NOTE 23 – REINSURANCE

No significant changes.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A. Based on member encounter data that the Company submits to CMS, the Company’s Medicare premiums are subject to retroactive adjustment for both member risk scores and member pharmacy cost experience. This adjustment takes into account the acuity of each member’s medical needs relative to what was anticipated when premiums were originally set for that member. In the event that a member requires less acute medical care than was anticipated by the original premium amount, CMS may recover premium from the Company. In the event that a member requires more acute medical care than was anticipated by the original premium amount, CMS may pay the Company additional retroactive premium. A similar retroactive reconciliation is undertaken by CMS for the Company’s Medicare members’ pharmacy utilization. The Company estimates the amount of Medicare revenue that will ultimately be realized for the periods presented based on its knowledge of the members’ heath care utilization patterns and CMS practices.
- B. The Company records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Company as of September 30, 2016 that were subject to retrospective rating features was \$7,069,412 which represented 100% of the total net premiums written by the Company for the first nine months of 2016.
- D. Medical Loss Ratio Rebates Required: None
- E. Risk-Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions NO

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

NOTES TO FINANCIAL STATEMENTS

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

	2016	2015
Beginning liability for unpaid losses and loss adjustment expenses	697,204	0.00
Health Care Receivable	(45,487)	0.00
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	651,717	0.00
Incurred related to:		
Current year	6,554,682	3,654,228
Prior Years	456,833	0.00
Total paid	7,011,514	3,654,228
Ending liability for unpaid losses and loss adjustment expenses	1,002,689	697,204
Health Care Receivable	(73,964)	(45,487)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	928,725	651,717

Loss and Loss Adjustment Expenses reserves as of December 31, 2015 were \$697,204. As of September 30, 2016, \$456,833 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$32,526 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a \$207,846 favorable prior year development from December 31, 2015 to September 30, 2016. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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

No significant changes

NOTE 30 – PREMIUM DEFICIENCY RESERVES

No significant changes

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 [☒]

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 [☒]

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 [☐]

3.2

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

Yes [☐] No [☒]

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 [☒]

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 [☒] 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 [☒]

6.6

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

Yes [☐] No [☐] N/A [☒]

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 [☒]

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 [☒]

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 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 [☒] 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 [☒]

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 [☒]

9.31

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

FINANCIAL

Q11

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:

\$

0

INVESTMENT

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

Yes [☐] No [☒]

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:

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

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

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

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

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

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

Yes [☐] No [☒]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

Yes [☒] No [☐]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		104.9 %
1.2	A&H cost containment percent		1.3 %
1.3	A&H expense percent excluding cost containment expenses		6.4 %
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 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								
93572.....	43-1627032.....	01/01/2015	RGA Reinsurance Company.....	MO.....	CO/I.....	Authorized.....		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
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	Deposit-Type Contracts
1.	Alabama.....AL	...N...							0	
2.	Alaska.....AK	...N...							0	
3.	Arizona.....AZ	...N...							0	
4.	Arkansas.....AR	...N...							0	
5.	California.....CA	...N...							0	
6.	Colorado.....CO	...N...							0	
7.	Connecticut.....CT	...N...							0	
8.	Delaware.....DE	...N...							0	
9.	District of Columbia.....DC	...N...							0	
10.	Florida.....FL	...N...							0	
11.	Georgia.....GA	...N...							0	
12.	Hawaii.....HI	...N...							0	
13.	Idaho.....ID	...N...							0	
14.	Illinois.....IL	...N...							0	
15.	Indiana.....IN	...N...							0	
16.	Iowa.....IA	...N...							0	
17.	Kansas.....KS	...N...							0	
18.	Kentucky.....KY	...N...							0	
19.	Louisiana.....LA	...N...							0	
20.	Maine.....ME	...N...							0	
21.	Maryland.....MD	...N...							0	
22.	Massachusetts.....MA	...N...							0	
23.	Michigan.....MI	...N...							0	
24.	Minnesota.....MN	...N...							0	
25.	Mississippi.....MS	...N...							0	
26.	Missouri.....MO	...N...							0	
27.	Montana.....MT	...N...							0	
28.	Nebraska.....NE	...N...							0	
29.	Nevada.....NV	...N...							0	
30.	New Hampshire.....NH	...N...							0	
31.	New Jersey.....NJ	...N...							0	
32.	New Mexico.....NM	...N...							0	
33.	New York.....NY	...N...							0	
34.	North Carolina.....NC	...N...							0	
35.	North Dakota.....ND	...N...							0	
36.	Ohio.....OH	...L...		7,069,412					7,069,412	
37.	Oklahoma.....OK	...N...							0	
38.	Oregon.....OR	...N...							0	
39.	Pennsylvania.....PA	...N...							0	
40.	Rhode Island.....RI	...N...							0	
41.	South Carolina.....SC	...N...							0	
42.	South Dakota.....SD	...N...							0	
43.	Tennessee.....TN	...N...							0	
44.	Texas.....TX	...N...							0	
45.	Utah.....UT	...N...							0	
46.	Vermont.....VT	...N...							0	
47.	Virginia.....VA	...N...							0	
48.	Washington.....WA	...N...							0	
49.	West Virginia.....WV	...N...							0	
50.	Wisconsin.....WI	...N...							0	
51.	Wyoming.....WY	...N...							0	
52.	American Samoa.....AS	...N...							0	
53.	Guam.....GU	...N...							0	
54.	Puerto Rico.....PR	...N...							0	
55.	U.S. Virgin Islands.....VI	...N...							0	
56.	Northern Mariana Islands.....MP	...N...							0	
57.	Canada.....CAN	...N...							0	
58.	Aggregate Other alien.....OT	...XX...	0	0	0	0	0	0	0	0
59.	Subtotal.....	...XX...	0	7,069,412	0	0	0	0	7,069,412	0
60.	Reporting entity contributions for Employee Benefit Plans.....	...XX...							0	
61.	Total (Direct Business).....	(a) ...1	0	7,069,412	0	0	0	0	7,069,412	0

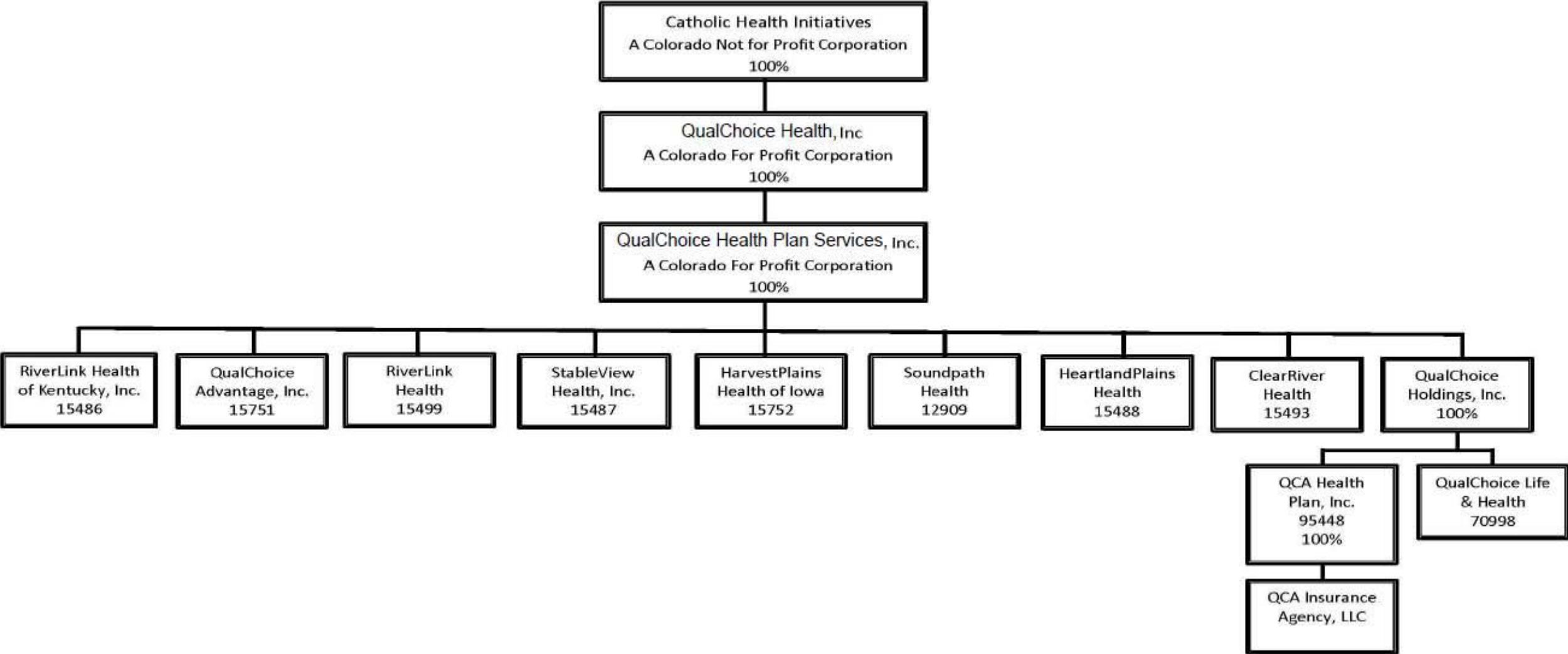
DETAILS OF WRITE-INS

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

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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)	*
Members														
			46-1224037..				QualChoice Health Plan Services, Inc.....	CO.....	UDP.....	QualChoice Health, Inc.....	Ownership.....	...100.000	Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initatives Grp.....	12909...	42-1720801..				Soundpath Health.....	WA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	95448...	71-0794605..				QCA Health Plan, Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	70998...	71-0386640..				QualChoice Life and Health.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15493...	46-4495960..				ClearRiver Health.....	TN.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15488...	46-4368223..				HeartlandPlains Health.....	NE.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15499...	46-4380824..				RiverLink Health.....	OH.....	RE.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15486...	46-4828332..				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15487...	46-4373713..				StableView Health Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	
4807.....	Catholic Hlth Initatives Grp.....	15751...	47-3433912..				QualChoice Advantage Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives..	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

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

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	4,549,884	3,389,908
2. Cost of bonds and stocks acquired.....	3,779,413	2,827,006
3. Accrual of discount.....	2,779	3,095
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	11,996	2,231
6. Deduct consideration for bonds and stocks disposed of.....	3,689,939	1,668,746
7. Deduct amortization of premium.....	9,259	3,610
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).....	4,644,874	4,549,884
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	4,644,874	4,549,884

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	4,187,282	795,508	792,046	(3,254)	4,679,391	4,187,282	4,187,490	4,549,884
2. NAIC 2 (a).....	497,668	129,526	107,693	(1,521)		497,668	517,980	
3. NAIC 3 (a).....							.0	
4. NAIC 4 (a).....							.0	
5. NAIC 5 (a).....							.0	
6. NAIC 6 (a).....							.0	
7. Total Bonds.....	4,684,950	925,034	899,739	(4,775)	4,679,391	4,684,950	4,705,470	4,549,884
PREFERRED STOCK								
8. NAIC 1.....							.0	
9. NAIC 2.....							.0	
10. NAIC 3.....							.0	
11. NAIC 4.....							.0	
12. NAIC 5.....							.0	
13. NAIC 6.....							.0	
14. Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock.....	4,684,950	925,034	899,739	(4,775)	4,679,391	4,684,950	4,705,470	4,549,884

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	60,596	XXX.....	61,004	520	205

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of short-term investments acquired.....	190,842	
3. Accrual of discount.....	31	
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	86	
6. Deduct consideration received on disposals.....	129,949	
7. Deduct amortization of premium.....	414	
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).....	60,596	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	60,596	0

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

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

1	2			3	4	5	6	7	8	9	10
CUSIP Identification	Description			Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government											
912828 2B 5	UNITED STATES TREASURY NOTE/BOND.....				09/01/2016....	JP MORGAN CHASE BANK.....		219,080	220,000	81	1.....
912828 R8 5	UNITED STATES TREASURY NOTE/BOND.....				07/06/2016....	GOLDMAN SACHS & CO.....		85,528	85,000	45	1.....
912828 S6 8	UNITED STATES TREASURY NOTE/BOND.....				08/03/2016....	GOLDMAN SACHS & CO.....		130,178	130,000	11	1.....
0599999. Total Bonds - U.S Government.....								434,786	435,000	137	XXX
Bonds - Industrial and Miscellaneous											
02665W BE 0	AMERICAN HONDA FINANCE CORP.....				07/07/2016....	BARCLAYS CAPITAL INC.....		14,985	15,000		1FE.....
03065D AD 9	AMERICREDIT AUTOMOBILE RECEIVABLES TRUST.....				08/02/2016....	CITIGROUP GBL MKTS/S.....		19,999	20,000		1FE.....
031162 BU 3	AMGEN INC.....				09/14/2016....	WELLS FARGO SECURITI.....		15,311	15,000	107	2FE.....
05582Q AD 9	BMW VEHICLE OWNER TRUST 2016-A.....				07/12/2016....	JPMORGAN SECURITIES.....		20,000	20,000		1FE.....
06051G DZ 9	BANK OF AMERICA CORP.....				09/02/2016....	MERRILL LYNCH PIERCE.....		40,343	35,000	719	2FE.....
084664 CK 5	BERKSHIRE HATHAWAY FINANCE CORP.....				08/08/2016....	MERRILL LYNCH PIERCE.....		14,985	15,000		1FE.....
13974M AC 0	CAPITAL AUTO RECEIVABLES ASSET TRUST 201.....				07/12/2016....	CITIGROUP GBL MKTS/S.....		9,999	10,000		1FE.....
14314E AC 5	CARMAX AUTO OWNER TRUST 2016-3.....				07/14/2016....	CREDIT SUISSE, NEW Y.....		19,997	20,000		1FE.....
25468P DL 7	WALT DISNEY CO/THE.....				07/07/2016....	MERRILL LYNCH PIERCE.....		14,950	15,000		1FE.....
260543 BX 0	DOW CHEMICAL CO/THE.....				09/14/2016....	GOLDMAN SACHS & CO.....		11,786	10,000	295	2FE.....
26441C AD 7	DUKE ENERGY CORP.....				09/20/2016....	US BANCORP INVESTMEN.....		16,499	15,000	17	2FE.....
26875P AD 3	EOG RESOURCES INC.....				09/19/2016....	KEYBANC CAPITAL MARK.....		5,476	5,000	87	2FE.....
34528Q EU 4	FORD CREDIT FLOORPLAN MASTER OWNER TRUST.....				07/19/2016....	JPMORGAN SECURITIES.....		19,997	20,000		1FE.....
36251P AA 2	GS MORTGAGE SECURITIES TRUST 2016-GS3.....				09/22/2016....	GOLDMAN SACHS & CO.....		25,000	25,000	29	1FE.....
47788N AC 2	JOHN DEERE OWNER TRUST 2016-B.....				07/19/2016....	RBC CAPITAL MARKETS.....		14,999	15,000		1FE.....
494550 BR 6	KINDER MORGAN ENERGY PARTNERS LP.....				09/19/2016....	GOLDMAN SACHS & CO.....		15,155	15,000	56	2FE.....
58769B AD 6	MERCEDES-BENZ AUTO RECEIVABLES TRUST 201.....				09/09/2016....	CITIGROUP GBL MKTS/S.....		24,997	25,000		1FE.....
594918 BN 3	MICROSOFT CORP.....				08/01/2016....	MERRILL LYNCH PIERCE.....		14,985	15,000		1FE.....
89237W AD 9	TOYOTA AUTO RECEIVABLES 2016-C.....				08/01/2016....	MITSUBISHI UFJ SECUR.....		19,999	20,000		1FE.....
92343V DF 8	VERIZON COMMUNICATIONS INC.....				09/13/2016....	GOLDMAN SACHS & CO.....		14,964	15,000	26	2FE.....
94974B FU 9	WELLS FARGO & CO.....				09/13/2016....	WELLS FARGO SECURITI.....		40,656	40,000	340	1FE.....
95000G AW 4	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20.....				08/04/2016....	WELLS FARGO SECURITI.....		10,000	10,000	6	1FE.....
98161F AD 7	WORLD OMNI AUTOMOBILE LEASE SECURITIZATI.....				07/12/2016....	MERRILL LYNCH PIERCE.....		9,999	10,000		1FE.....
98161P AD 5	WORLD OMNI AUTO RECEIVABLES TRUST 2016-B.....				09/07/2016....	JPMORGAN SECURITIES.....		9,997	10,000		1FE.....
06367T JW 1	BANK OF MONTREAL.....			A.....	08/24/2016....	HARRIS NESBITT CORP.....		19,999	20,000		1FE.....
064159 CU 8	BANK OF NOVA SCOTIA/THE.....			A.....	09/02/2016....	TD SECS (USA) INC, N.....		15,202	15,000	109	1FE.....
78012K RK 5	ROYAL BANK OF CANADA.....			A.....	07/25/2016....	RBC CAPITAL MARKETS.....		19,977	20,000		1FE.....
82481L AA 7	SHIRE ACQUISITIONS INVESTMENTS IRELAND D.....			F.....	09/19/2016....	BARCLAYS CAPITAL INC.....		9,992	10,000		2FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....								490,248	480,000	1,791	XXX
8399997. Total Bonds - Part 3.....								925,034	915,000	1,928	XXX
8399999. Total Bonds.....								925,034	915,000	1,928	XXX
9999999. Total Bonds, Preferred and Common Stocks.....								925,034	XXX	1,928	XXX

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

QE04

SCHEDULE D - PART 4

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

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)
Bonds - U.S. Government																						
912828	C7	3		08/03/2016.	JP MORGAN CHASE BANK.....		150,437	150,000	149,813	149,919		35		35		149,953		483	483	997	04/15/2017....	1.....
912828	D4	9		08/03/2016.	SCOTIA CAPITAL (USA).....		90,239	90,000	89,691	89,829		62		62		89,891		348	348	764	08/15/2017....	1.....
912828	H9	4		09/01/2016.	CITIGROUP GBL MKTS/S.....		160,600	160,000	159,688	159,774		71		71		159,845		755	755	1,678	02/15/2018....	1.....
912828	M7	2		09/26/2016.	VARIOUS.....		80,143	80,000	79,778	79,782		81		81		79,863		280	280	558	11/30/2017....	1.....
912828	N2	2		09/12/2016.	MORGAN STANLEY & CO.....		20,173	20,000	19,954	19,954		11		11		19,965		208	208	186	12/15/2018....	1.....
912828	WH	9		07/18/2016.	CITIGROUP GBL MKTS/S.....		20,051	20,000	19,996	19,998		1		1		19,999		52	52	118	05/15/2017....	1.....
912828	WP	1		08/03/2016.	VARIOUS.....		120,329	120,000	119,850	119,926		28		28		119,954		375	375	631	06/15/2017....	1.....
912828	WT	3		09/01/2016.	JP MORGAN CHASE BANK.....		60,122	60,000	59,749	59,862		60		60		59,922		200	200	595	07/15/2017....	1.....
0599999. Total Bonds - U.S Government.....							702,094	700,000	698,519	699,044	0	349	0	349	0	699,392	0	2,701	2,701	5,527	XXX	XXX
Bonds - Industrial and Miscellaneous																						
02665W	AT	8		07/07/2016.	US BANCORP INVESTMEN.....		15,121	15,000	15,124			(11)		(11)		15,113		8	8	74	03/13/2018....	1FE.....
060505	DH	4		09/02/2016.	JPMORGAN SECURITIES.....		41,787	40,000	42,274			(557)		(557)		41,716		70	70	1,247	09/01/2017....	2FE.....
084664	BE	0		08/08/2016.	TD SECS (USA) INC, N.....		32,244	30,000	32,624			(323)		(323)		32,302		(58)	(58)	405	05/15/2018....	1FE.....
26441C	AH	8		09/20/2016.	KEYBANC CAPITAL MARK.....		15,043	15,000	15,060			(17)		(17)		15,043			0	148	08/15/2017....	2FE.....
26875P	AA	9		09/19/2016.	MILLENNIUM ADVISORS.....		10,433	10,000	10,585			(155)		(155)		10,430		3	3	305	09/15/2017....	2FE.....
775371	AV	9		09/14/2016.	WELLS FARGO SECURITI.....		10,436	10,000	10,596			(154)		(154)		10,441		(5)	(5)	307	09/15/2017....	2FE.....
92343V	BF	0		09/13/2016.	MORGAN STANLEY & CO.....		14,975	15,000	14,998			1		1		14,998		(23)	(23)	62	11/01/2017....	2FE.....
94973V	BC	0		09/27/2016.	MERRILL LYNCH PIERCE.....		15,080	15,000	15,082			(18)		(18)		15,064		16	16	199	01/15/2018....	2FE.....
94974B	GB	0		09/13/2016.	MORGAN STANLEY & CO.....		45,014	45,000	45,171			(44)		(44)		45,127		(112)	(112)	329	09/08/2017....	1FE.....
95000G	AW	4		09/01/2016.	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20 PAYDOWN.....		112	112	112					0		112			0		08/01/2049....	1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....							200,245	195,112	201,626	0	0	(1,278)	0	(1,278)	0	200,346	0	(101)	(101)	3,076	XXX	XXX
8399997. Total Bonds - Part 4.....							902,339	895,112	900,145	699,044	0	(929)	0	(929)	0	899,738	0	2,600	2,600	8,603	XXX	XXX
8399999. Total Bonds.....							902,339	895,112	900,145	699,044	0	(929)	0	(929)	0	899,738	0	2,600	2,600	8,603	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....							902,339	XXX	900,145	699,044	0	(929)	0	(929)	0	899,738	0	2,600	2,600	8,603	XXX	XXX

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

QE05

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	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								
PNC Bank -- Kalamazoo, MI.....					120,896	(123,074)	874,158	XXX
Bank of New York Mellon -- Pittsburgh, PA.....					13,474	7,952	25,431	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	134,370	(115,122)	899,589	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	134,370	(115,122)	899,589	XXX
0599999. Total Cash.....	XXX	XXX	0	0	134,370	(115,122)	899,589	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE