



Exhibit of Premiums, Enrollment and Utilization - HMO

STATEMENT AS OF 12/31/2016 OF THE RiverLink Health

Affix Bar Code Here

NAIC Group Code 4807

HMO BUSINESS IN THE STATE OF OHIO

NAIC Company Code 15499

| | 1 Total | Comprehensive (H & M.) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Stop Loss | 11 Disability Income | 12 Long-Term Care | 13 Other |
|-------------------------------------------------------------|----------------|------------------------|----------------|---------------------------------|----------------------|----------------------|---------------------------------------------------------|----------------------------------|--------------------------------|---------------------|--------------------------------|-----------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | 650 | | | | | |
| 2. First quarter | | | | | | | | 1,268 | | | | | |
| 3. Second Quarter | | | | | | | | 1,285 | | | | | |
| 4. Third Quarter | | | | | | | | 1,301 | | | | | |
| 5. Current Year | | | | | | | | 1,296 | | | | | |
| 6. Current Year Member Months | | | | | | | | 15,430 | | | | | |
| Total Member Ambulatory Encounters for year: | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | 18,208 | | | | | |
| 8. Non-Physician | | | | | | | | 6,768 | | | | | |
| 9. Total | | | | | | | | 24,976 | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | 1,200 | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | 257 | | | | | |
| 12. Health Premiums Written | | | | | | | | 9,513,053 | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | 9,513,053 | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | 10,145,457 | | | | | |
| 18. Amount incurred for Provision of Heath Care Services | | | | | | | | 10,443,088 | | | | | |

** Quarterly Filing – Year to Date