

120

ANNUAL STATEMENT

OF THE

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OFFICE OF RISK
ASSESSMENT

SOCA Benefit Plan

Of

Dayton

in the state of OH

to the Insurance Department

of the state of

For the Year Ended

December 31, 2016

2016



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

SOCA Benefit Plan

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 120	Employer's ID Number..... 47-1277622
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type.....	Is HMO Federally Qualified? Yes [] No []	
Incorporated/Organized..... February 18, 2016	Commenced Business..... May 1, 2016	
Statutory Home Office	3931 South Dixie Drive..... Dayton OH US 45439 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	3931 South Dixie Drive..... Dayton OH US 45439 (Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	PO Box 49358..... Dayton OH US 45449 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	3931 South Dixie Drive..... Dayton OH US 45439 (Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	http://www.joinsoca.com/soca-benefit-pla	
Statutory Statement Contact	George John Stadtlander Mr. (Name) george.stadtlander@gmail.com (E-Mail Address)	216-389-2914 (Area Code) (Telephone Number) (Extension) 216-202-3499 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Catherine Marie Hutton	Trustee Chairperson	2. Jed Eric Metzger	Trustee Treasurer
3. Matt James Appenzeller	Plan Administrator	4. Rich Arnold	Trustee Secretary

OTHER

DIRECTORS OR TRUSTEES

Catherine Marie Hutton	Rich Arnold	Jed Eric Metzger
------------------------	-------------	------------------

State of..... Ohio
County of..... Montgomery

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.

Catherine Marie Hutton
(Signature)
Catherine Marie Hutton
1. (Printed Name)
Trustee Chairperson
(Title)

Jed Eric Metzger
(Signature)
Jed Eric Metzger
2. (Printed Name)
Trustee Treasurer
(Title)

Matt James Appenzeller
(Signature)
Matt James Appenzeller
3. (Printed Name)
Plan Administrator
(Title)

Subscribed and sworn to before me
This 29 day of March 2017

Patrick J. Kennedy

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



Patrick Kennedy
Notary Public, State of Ohio
My Commission Expires
January 24, 2021

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$....1,933,090, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....1,509,732, Schedule DA).....	3,442,822		3,442,822	
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	77,683	77,683	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,520,505	77,683	3,442,822	0
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	390		390	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	6,575		6,575	
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.....	1,265,763		1,265,763	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	516,158		516,158	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
3.2 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 (\$.....0) and other amounts receivable.....			0	
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 to 25).....	5,309,391	77,683	5,231,708	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27)	5,309,391	77,683	5,231,708	0

DETAILS OF WRITE-INS

1101. Prepaid Assets.....	77,683	77,683	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 through 1103 plus 1198) (Line 11 above)	77,683	77,683	0	0
2501.....			0	
02.....			0	
03.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 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 \$.....1,830,699 reinsurance ceded).....	202,673		202,673	
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	7,240		7,240	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	11,703		11,703	
9. General expenses due or accrued.....	136,132		136,132	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	4,208,492		4,208,492	
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.....			0	
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 \$.....0 certified 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).....	4,566,240	0	4,566,240	0
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	510,000	510,000
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	155,468	(367)
32. Less treasury stock at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	665,468	509,633
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,231,708	509,633

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

SOCA Benefit Plan

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.	XXX	30,093	
2. Net premium income (including \$.....0 non-health premium income).	XXX	1,000,993	
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	0	0
7. Aggregate write-ins for other non-health revenues.	XXX	0	0
8. Total revenues (Lines 2 to 7).	XXX	1,000,993	0
Hospital and Medical:			
9. Hospital/medical benefits.		5,110,713	
10. Other professional services.		560,078	
11. Outside referrals.			
12. Emergency room and out-of-area.		210,029	
13. Prescription drugs.		1,120,156	
14. Aggregate write-ins for other hospital and medical.	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.			
16. Subtotal (Lines 9 to 15).	0	7,000,976	0
Less:			
17. Net reinsurance recoveries.		6,301,110	
18. Total hospital and medical (Lines 16 minus 17).	0	699,866	0
19. Non-health claims (net).			
20. Claims adjustment expenses, including \$....11,726 cost containment expenses.		36,646	
21. General administrative expenses.		32,950	
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).	0	769,462	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).	XXX	231,531	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).		1,987	
26. Net realized capital gains or (losses) less capital gains tax of \$.....0			
27. Net investment gains or (losses) (Lines 25 plus 26).	0	1,987	0
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
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	233,518	0
31. Federal and foreign income taxes incurred.	XXX		
32. Net income (loss) (Lines 30 minus 31).	XXX	233,518	0

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	509,633	509,633
34. Net income or (loss) from Line 32.....	233,518	0
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$..... 0		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....	(77,683)	
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.....		
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
48. Net change in capital and surplus (Lines 34 to 47).....	155,835	0
49. Capital and surplus end of reporting period (Line 33 plus 48).....	665,468	509,633

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	5,214,613	
2. Net investment income.....	1,597	
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	5,216,210	0
5. Benefit and loss related payments.....	2,279,114	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	(73,776)	
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).....	2,205,338	0
11. Net cash from operations (Line 4 minus Line 10).....	3,010,872	0
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).....	0	0
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.....	77,683	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	77,683	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(77,683)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		509,633
16.2 Capital and paid in surplus, less treasury stock.....		
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).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	509,633
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	2,933,189	509,633
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	509,633	
19.2 End of year (Line 18 plus Line 19.1).....	3,442,822	509,633

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

20,0001

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1	2	3	4
	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				1,000,993
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 through 8)	10,762,722		0	9,761,729
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	10,762,722		0	9,761,729
				1,000,993

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	4,987,606	4,987,606								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	4,470,845	4,470,845								
1.4 Net	496,761	496,761				0		0		0
2. Paid medical incentive pools and bonuses:										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,033,372	2,033,372								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	1,830,699	1,830,699								
3.4 Net	202,673	202,673				0		0		0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0					0		0		0
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0									
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	0					0		0		0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0					0		0		0
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	7,000,978	7,000,978	0			0		0		0
12.2 Reinsurance assumed	0		0			0		0		0
12.3 Reinsurance ceded	6,301,544	6,301,544	0			0		0		0
12.4 Net	699,434	699,434	0			0		0		0
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0									
2. Insured but unreported:										
2.1 Direct	2,033,372									
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	2,033,372									
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0									
4. Totals:										
4.1 Direct	2,033,372									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	2,033,372									

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred in Prior Years (Columns 1 + 3)	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)						
2. Medicare supplement						
3. Dental only						
4. Vision only						
5. Federal employees health benefits plan.						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)						
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)						

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

SOCA Benefit Plan Statement as of December 6 of the

Statement as of December 6 of the

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX			XXX	
5. 2015.....	XXX		XXX		XXX
6. 2016.....	XXX		XXX		XXX

SECTION B - INCURRED HEALTH CLAIMS: GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013					
4. 2014					
5. 2015					
6. 2016					

SECTION C: INSURERED YEAR HEATH CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Claim and Claim Adjustment Expense Payments			Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expense	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
				1	2	3					
1. 2012				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2. 2013				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3. 2014				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4. 2015				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5. 2016				36	496	1,001	7.3	532	203	742	74.1

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid					497
	1 2012	2 2013	3 2014	4 2015	5 2016	
1. Prior						
2. 2012						
3. 2013						
4. 2014						
5. 2015						
6. 2016						

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
	1 2012	2 2013	3 2014	4 2015	5 2016	
1. Prior						
2. 2012						
3. 2013						
4. 2014						
5. 2015						
6. 2016						

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments (Col. 32)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)			Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
				1	2	3				
1. 2012			0.0			0.0			0.0	0.0
2. 2013			0.0			0.0			0.0	0.0
3. 2014			0.0			0.0			0.0	0.0
4. 2015			0.0			0.0			0.0	0.0
5. 2016	496	36	532	53.1	203	7.3	742	74.1	1,001	100

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)					0
2. Salaries, wages and other benefits					0
3. Commissions (less \$...(105,538) ceded plus \$...(224,269) assumed)	(105,538)	(224,269)	(374,953)		(704,760)
4. Legal fees and expenses			75,221		75,221
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			85,113		85,113
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone					0
10. Printing and office supplies					0
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	117,265	249,188	213,753		580,206
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			7,000		7,000
17. Collection and bank service charges			332		332
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			22,419		22,419
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
4. Investment expenses not included elsewhere				383	383
25. Aggregate write-ins for expenses	0	0	4,065	0	4,065
26. Total expenses incurred (Lines 1 to 25)	11,727	24,919	32,950	383	(a) 69,979
27. Less expenses unpaid December 31, current year			136,132		136,132
28. Add expenses unpaid December 31, prior year					0
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	11,727	24,919	(103,182)	383	(66,153)

DETAILS OF WRITE-INS

2501. Miscellaneous Expenses			4,065		4,065
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	4,065	0	4,065

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Eamed During Year
1. U.S. government bonds.....	(a) 1,980	2,369
1.1 Bonds exempt from U.S. tax.....	(a)	
1.2 Other bonds (unaffiliated).....	(a)	
1.3 Bonds of affiliates.....	(a)	
2.1 Preferred stocks (unaffiliated).....	(b)	
2.11 Preferred stocks of affiliates.....	(b)	
2.2 Common stocks (unaffiliated).....		
2.21 Common stocks of affiliates.....		
3. Mortgage loans.....	(c)	
4. Real estate.....	(d)	
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments.....	(e)	
7. Derivative instruments.....	(f)	
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	1,980	2,369
11. Investment expenses.....	(g) 383	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g)	
13. Interest expense.....	(h)	
14. Depreciation on real estate and other invested assets.....	(i) 0	
15. Aggregate write-ins for deductions from investment income.....	0	
16. Total deductions (Lines 11 through 15).....	383	
17. Net investment income (Line 10 minus Line 16).....	1,986	

DETAILS OF WRITE-INS

0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			0		
1.1 Bonds exempt from U.S. tax.....			0		
1.2 Other bonds (unaffiliated).....			0		
1.3 Bonds of affiliates.....			0		
2.1 Preferred stocks (unaffiliated).....			0		
2.11 Preferred stocks of affiliates.....			0		
2.2 Common stocks (unaffiliated).....			0		
2.21 Common stocks of affiliates.....			0		
3. Mortgage loans.....			0		
4. Real estate.....			0		
5. Contract loans.....			0		
6. Cash, cash equivalents and short-term investments.....			0		
7. Derivative instruments.....			0		
8. Other invested assets.....			0		
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

DETAILS OF WRITE-INS

0901.....			0		
0902.....			0		
0903.....			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers			0
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			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
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
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	77,683		(77,683)
28. TOTALS (Lines 26 and 27)	77,683	0	(77,683)

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of			6 Current Year Member Months		
	1 Prior Year	2 First Quarter	3 Second Quarter		4 Third Quarter	5 Current Year
1. Health maintenance organizations						
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business						
7. Total	0	0	1,524	3,401	7,496	39,093

DETAILS OF WRITE-INS	
0601	
0602	
0603	
0698. Summary of remaining write-ins for Line 6 from overflow page.	0
0699. Totals [Lines 0601 through 0603 plus 0698] [Line 6 above]	0

Ex. 2 - Accident and Health Premiums Due and Unpaid
NONE

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

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

Claims Unpaid (Reported)	Account	Aging Analysis of Unpaid Claims					Total
		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	
0199999. Individually listed claims unpaid		2,033,372	0	0	0	0	2,033,372
0499999. Subtotals		2,033,372	0	0	0	0	2,033,372
0799999. Total claims unpaid		2,033,372	0	0	0	0	2,033,372

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Capitation Payments:	Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
1. Medical groups.		0	0.0	0	0.0	0	0
2. Intermediaries		0	0.0	0	0.0	0	0
3. All other providers		0	0.0	0	0.0	0	0
4. Total capitation payments.		0	0.0	0	0.0	0	0
Other Payments:							
5. Fee-for-service.		1,987,042	40.0	XXX	XXX	1,987,042	1,987,042
6. Contractual fee payments.		2,980,563	60.0	XXX	XXX	2,980,563	2,980,563
7. Bonus/withhold arrangements • fee-for-service		0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements • contractual fee payments		0	0.0	XXX	XXX	0	0
9. Non-contingent salaries.		0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements.		0	0.0	XXX	XXX	0	0
11. All other payments.		0	0.0	XXX	XXX	0	0
12. Total other payments.		4,967,605	100.0	XXX	XXX	4,967,605	4,967,605
13. Total (Line 4 plus Line 12).		4,967,605	100.0	XXX	XXX	0	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
							6
1.	Administrative furniture and equipment						0
2.	Medical furniture, equipment and fixtures						0
3.	Pharmaceuticals and surgical supplies						0
4.	Durable medical equipment						0
5.	Other property and equipment						0
6.	Total		0	0	0	0	0

NONE

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) SOCA Benefit Plan state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 233,518	\$
(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)	XXX	XXX	XXX	\$ 233,518	\$
SURPLUS					
(5) SOCA Benefit Plan state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 665,468	\$ 509,633
(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)	XXX	XXX	XXX	\$ 665,468	\$ 509,633

B. Use of Estimates in the Preparation of the Financial Statement

These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual. These require management to make estimates and assumptions that affect the amounts reported in the financial statement and accompanying notes. Actual results could differ from those estimates. Significant estimates made in preparing the financial statements include the realizability of long-lived assets.

C. Accounting Policy

1. Cash and short-term investments include cash and US government and agency obligations with original dates of maturity of less than twelve months when purchased. **Short-term investments are stated at amortized cost.**
2. The company does not hold any Bonds.
3. The company does not hold any common stocks.
4. The company does not hold any preferred stocks.
5. The reporting entity holds no mortgage loans on real estate.
6. The company does not hold any Loan-backed securities.
7. The reporting entity has no investments in subsidiaries.
8. The reporting entity has no interests in joint ventures.
9. The reporting entity holds no derivatives.
10. The reporting entity does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses are determined based on past experience, for losses incurred but not reported.

Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods used to make such estimates, which establishes the resulting liability, are continually reviewed by management and contracted consultants. Any adjustments are reflected in the period in which the adjustment is determined. The reporting entity has no unpaid loss and loss adjustments.

12. The Company has not modified its capitalization policy from the prior period.
13. The company has no pharmaceutical rebate receivables.

D. Going Concern

The Plan has neither the intention nor the need to liquidate or curtail materially the scale of its operations.

Note 2 – Accounting Changes and Corrections of Errors

None

Note 3 – Business Combinations and Goodwill

None

Note 4 – Discontinued Operations

None

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate 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 Trade Credits (LIHTC) - None
- H. Restricted Assets - None
- I. Working Capital Finance Investments - None
- J. Offsetting and Netting of Assets and Liabilities - None
- K. Structured Notes - None
- L. Category L - None

NOTES TO FINANCIAL STATEMENTS

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None

Note 7 – Investment Income

The SOCA BP does not admit investment income due and accrued if the amounts are over 90 days past due.

Note 8 – Derivative Instruments

None

Note 9 – Income Taxes

- A. Deferred Tax Assets/(Liabilities) - None
- B. Deferred Tax Liabilities Not Recognized - None
- C. Current and Deferred Income Taxes - None
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - None
- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits - None
- F. Consolidated Federal Income Tax Return - None
- G. Federal or Foreign Federal Income Tax Loss Contingencies - The company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

Not Applicable

Note 11 – Debt

Not Applicable

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

Not Applicable

Note 14 – Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

Note 15 – Leases

- A. Lessee Operating Lease- None
- B. Revenue, Net Income or Assets with Respect to Leases - None

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

Not Applicable, the Plan has no credit swaps, futures or options.

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

None

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

None

Note 20 – Fair Value Measurements

Not Applicable - All Assets held are reportable at valuations recognized by the Securities and Valuation Office ("SVO")

Note 21 – Other Items

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring Debtors - None

NOTES TO FINANCIAL STATEMENTS

- C. Other Disclosures - None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime Mortgage Related Risk Exposure - None
- G. Retained Assets - None
- H. Insurance-Linked Securities (ILS) Contracts - None

Note 22 – Events Subsequent

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

Yes No

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)		
G. Authorized control level (Five-Year Historical Line 15)	\$	

H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?

Yes No **Note 23 – Reinsurance**

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

No

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

No

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

No

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ _____

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

No

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____ 0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

No

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

\$ _____

B. Uncollectible Reinsurance

(1) SOCA Benefit Plan has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$0

C. Commutation of Ceded Reinsurance - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

None

Note 26 – Intercompany Pooling Arrangements

None

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables - None

B. Risk Sharing Receivables - None

Note 29 – Participating Policies

Not Applicable

Note 30 – Premium Deficiency Reserves

1.	Liability carried for premium deficiency reserve:	\$0
2.	Date of most recent evaluation of this liability:	N/A
3.	Was anticipated investment income utilized in the calculation?	N/A

Note 31 – Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating?

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

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

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

3.4 By what department or departments? _____

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the 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 NAIC Company Code	3 State of Domicile
Name of Entity		

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information: _____ %

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control _____ %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption: _____

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

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

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A [X]

10.6 If the response to 10.5 is no or n/a, please explain: _____

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company _____

12.12 Number of parcels involved _____

12.13 Total book/adjusted carrying value \$ _____ 0

12.2 If yes, provide explanation _____

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

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

14.11 If the response to 14.1 is no, please explain: _____

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s). _____

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). _____

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$ _____ 0

20.12 To stockholders not officers \$ _____ 0

20.13 Trustees, supreme or grand (Fraternal only) \$ _____ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$ _____ 0

20.22 To stockholders not officers \$ _____ 0

20.23 Trustees, supreme or grand (Fraternal only) \$ _____ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

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

21.21 Rented from others \$ _____

21.22 Borrowed from others \$ _____

21.23 Leased from others \$ _____

21.24 Other \$ _____

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ _____

22.22 Amount paid as expenses \$ _____

22.23 Other amounts paid \$ _____

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____ 0

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****INVESTMENT**

24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
24.02	If no, give full and complete information, relating thereto:					
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).					
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____				
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____				
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:					
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0				
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0				
24.103	Total payable for securities lending reported on the liability page:	\$ _____ 0				
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
25.2	If yes, state the amount thereof at December 31 of the current year:					
25.21	Subject to repurchase agreements	\$ _____ 0				
25.22	Subject to reverse repurchase agreements	\$ _____ 0				
25.23	Subject to dollar repurchase agreements	\$ _____ 0				
25.24	Subject to reverse dollar repurchase agreements	\$ _____ 0				
25.25	Placed under option agreements	\$ _____ 0				
25.26	Letter stock or securities restricted as sale - excluding FHLB Capital Stock	\$ _____ 0				
25.27	FHLB Capital Stock	\$ _____ 0				
25.28	On deposit with states	\$ _____ 0				
25.29	On deposit with other regulatory bodies	\$ _____ 0				
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$ _____ 0				
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$ _____ 0				
25.32	Other	\$ _____ 0				
25.3	For category (25.26) provide the following:					
	<table border="1"> <thead> <tr> <th>1 Nature of Restriction</th> <th>2 Description</th> <th>3 Amount</th> </tr> </thead> </table>	1 Nature of Restriction	2 Description	3 Amount		
1 Nature of Restriction	2 Description	3 Amount				
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____				
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:					
	<table border="1"> <thead> <tr> <th>1 Name of Custodian(s)</th> <th>2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td>PNC Bank</td> <td>300 Fifth Avenue, Pittsburgh, PA 15222</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	PNC Bank	300 Fifth Avenue, Pittsburgh, PA 15222	
1 Name of Custodian(s)	2 Custodian's Address					
PNC Bank	300 Fifth Avenue, Pittsburgh, PA 15222					
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation					
	<table border="1"> <thead> <tr> <th>1 Name(s)</th> <th>2 Location(s)</th> <th>3 Complete Explanation(s)</th> </tr> </thead> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)		
1 Name(s)	2 Location(s)	3 Complete Explanation(s)				
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
28.04	If yes, give full and complete information relating thereto:					
	<table border="1"> <thead> <tr> <th>1 Old Custodian</th> <th>2 New Custodian</th> <th>3 Date of Change</th> <th>4 Reason</th> </tr> </thead> </table>	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason	
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason			
28.05	Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "...handle securities"].					
	<table border="1"> <thead> <tr> <th>1 Name of Firm or Individual</th> <th>2 Affiliation</th> </tr> </thead> </table>	1 Name of Firm or Individual	2 Affiliation			
1 Name of Firm or Individual	2 Affiliation					
	<table border="1"> <tbody> <tr> <td>SOCA Benefit Plan Board of Trustees</td> <td>I</td> </tr> </tbody> </table>	SOCA Benefit Plan Board of Trustees	I			
SOCA Benefit Plan Board of Trustees	I					

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	0	0	0
30.2	Preferred Stocks	0	0	0
30.3	Totals	0	0	0

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

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

Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [X] No []

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

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

\$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1.2	If yes, indicate premium earned on U.S. business only.	\$ <u>0</u> <input type="radio"/>	
1.3	What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ <u>0</u> <input type="radio"/>	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above.	\$ <u>0</u> <input type="radio"/>	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ <u>0</u> <input type="radio"/>	
1.6	Individual policies:		
Most current three years:			
1.61	Total premium earned	\$ <u>0</u> <input type="radio"/>	
1.62	Total incurred claims	\$ <u>0</u> <input type="radio"/>	
1.63	Number of covered lives	\$ <u>0</u> <input type="radio"/>	
All years prior to most current three years:			
1.64	Total premium earned	\$ <u>0</u> <input type="radio"/>	
1.65	Total incurred claims	\$ <u>0</u> <input type="radio"/>	
1.66	Number of covered lives	\$ <u>0</u> <input type="radio"/>	
1.7	Group policies:		
Most current three years:			
1.71	Total premium earned	\$ <u>0</u> <input type="radio"/>	
1.72	Total incurred claims	\$ <u>0</u> <input type="radio"/>	
1.73	Number of covered lives	\$ <u>0</u> <input type="radio"/>	
All years prior to most current three years:			
1.74	Total premium earned	\$ <u>0</u> <input type="radio"/>	
1.75	Total incurred claims	\$ <u>0</u> <input type="radio"/>	
1.76	Number of covered lives	\$ <u>0</u> <input type="radio"/>	
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ <u>0</u>	\$ <u>0</u>
2.2	Premium Denominator	\$ <u>1,000,993</u>	\$ <u>0</u>
2.3	Premium Ratio (2.1/2.2)	\$ <u>0.000</u>	\$ <u>0.000</u>
2.4	Reserve Numerator	\$ <u>0</u>	\$ <u>0</u>
2.5	Reserve Denominator	\$ <u>202,673</u>	\$ <u>0</u>
2.6	Reserve Ratio (2.4/2.5)	\$ <u>0.000</u>	\$ <u>0.000</u>
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$ <u>0</u>	
5.32	Medical Only	\$ <u>0</u>	
5.33	Medicare Supplement	\$ <u>0</u>	
5.34	Dental and Vision	\$ <u>0</u>	
5.35	Other Limited Benefit Plan	\$ <u>0</u>	
5.36	Other	\$ <u>0</u>	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0

9.22 Business with rate guarantees over 36 months \$ 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses \$ 0

10.22 Amount actually paid for year bonuses \$ 0

10.23 Maximum amount payable withholds \$ 0

10.24 Amount actually paid for year withholds \$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

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

11.4 If yes, show the amount required. \$ 0

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

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

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$ 0

15.2 Total Incurred Claims \$ 0

15.3 Number of Covered Lives \$ 0

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	5,231,708				
2. Total liabilities (Page 3, Line 24).....	4,566,240				
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....	665,468				
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	1,000,993				
6. Total medical and hospital expenses (Line 18).....	699,866				
7. Claims adjustment expenses (Line 20).....	36,646				
8. Total administrative expenses (Line 21).....	32,950				
9. Net underwriting gain (loss) (Line 24).....	231,531				
10. Net investment gain (loss) (Line 27).....	1,987				
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	233,518				
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....					
Risk-Based Capital Analysis					
14. Total adjusted capital.....	665,468				
15. Authorized control level risk-based capital.....	54,768				
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	7,496				
17. Total member months (Column 6, Line 7).....	30,093				
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	69.9				
20. Cost containment expenses.....	1.2				
21. Other claims adjustment expenses.....	2.5				
22. Total underwriting deductions (Line 23).....	76.9				
23. Total underwriting gain (loss) (Line 24).....	23.1				
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....					
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....					
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION,...SOCA Benefit Plan
2. Dayton, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

		Comprehensive (Hospital & Medical)						NAIC Company Code.....120			
		Total	1	2	3	4	5	6	7	8	9
Total Members at end of:			Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Prior year		0									
2. First quarter		0									
3. Second quarter		2,651									
4. Third quarter		8,104									
5. Current year		7,496									
6. Current year member months.		30,093									
Total Member Ambulatory Encounters for Year:											
7. Physician		0									
8. Non-physician		0									
9. Totals		0									
10. Hospital patient days incurred		0									
11. Number of inpatient admissions		0									
12. Health premiums written (b)		1,000,993									
13. Life premiums direct		0									
14. Property/casualty premiums written		0									
15. Health premiums earned		0									
16. Property/casualty premiums earned		0									
17. Amount paid for provision of health care services		4,967,605									
18. Amount incurred for provision of health care services		7,000,976									

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

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

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 2

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
			.05/01/2016 Anthem	OH	QA/G SSU/G	CMM		\$,008,935					
			.05/01/2016 Anthem	OH	QA/G SSU/G	CMM		\$,660,276					
			.03/17/2037 Anthem	OH	ASU/G	CMM		92,518					
08999999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates								\$,761,729				
10999999.	Total - General Account - Authorized - Non-Affiliates								\$,761,729				
11999999.	Total - General Account - Authorized								\$,761,729				
34999999.	Total - General Account - Authorized, Unauthorized and Certified								\$,761,729				
69999999.	Total - U.S.								\$,761,729				
99999999.	Total								\$,761,729				

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6**Five-Year Exhibit of Reinsurance Ceded Business**
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	9,761				
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....	1,139				
5. Total hospital and medical expenses.....	6,301				
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	1,266				
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	3,442,822		3,442,822
2. Accident and health premiums due and unpaid (Line 15).....	6,575		6,575
3. Amounts recoverable from reinsurers (Line 16.1).....	1,265,763		1,265,763
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	516,548		516,548
6. Totals assets (Line 28).....	5,231,708	0	5,231,708
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	202,673		202,673
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	11,703		11,703
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			
14. All other liabilities (balance).....	4,351,864		4,351,864
15. Total liabilities (Line 24).....	4,566,240	0	4,566,240
16. Total capital and surplus (Line 33).....	665,468	XXX	665,468
17. Total liabilities, capital and surplus (Line 34).....	5,231,708	0	5,231,708
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	Active Status	1	Direct Business Only							9
			2	3	4	5	6	7	8	
			Accident & Health Premiums	Medicare Title XVII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N								0
2. Alaska	AK	N								0
3. Arizona	AZ	N								0
4. Arkansas	AR	N								0
5. California	CA	N								0
6. Colorado	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	10,762,722							10,762,722
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	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	10,762,722	0	0	0	0	0	10,762,722	0
60. Reporting entity contributions for Employee Benefit Plans		XXX								0
61. Total (Direct Business)	(a)	1	10,762,722	0	0	0	0	0	10,762,722	0

DETAILS OF WRITE-INS

58001										0
58002										0
58003										0
58998. Summary of remaining write-ins for line 58		0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)		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.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

Sch. T - Pt. 2 - Interstate Compact
NONE



Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE



Sch. Y - Pt. 2
NONE

Supplemental Interrogatories
NONE



Overflow Page
NONE

Overflow Page
NONE



SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount
1. Bonds:					
1.1 U.S. treasury securities.....	0.0				0 0.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):					
1.21 Issued by U.S. government agencies.....	0.0				0 0.0
1.22 Issued by U.S. government sponsored agencies.....	0.0				0 0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....	0.0				0 0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:					
1.41 States, territories and possessions general obligations.....	0.0				0 0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....	0.0				0 0.0
1.43 Revenue and assessment obligations.....	0.0				0 0.0
1.44 Industrial development and similar obligations.....	0.0				0 0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):					
1.51 Pass-through securities:					
1.511 Issued or guaranteed by GNMA.....	0.0				0 0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....	0.0				0 0.0
1.513 All other.....	0.0				0 0.0
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....	0.0				0 0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....	0.0				0 0.0
1.523 All other.....	0.0				0 0.0
2. Other debt and other fixed income securities (excluding short-term):					
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....	0.0				0 0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....	0.0				0 0.0
2.3 Affiliated securities.....	0.0				0 0.0
3. Equity interests:					
3.1 Investments in mutual funds.....	0.0				0 0.0
3.2 Preferred stocks:					
3.21 Affiliated.....	0.0				0 0.0
3.22 Unaffiliated.....	0.0				0 0.0
3.3 Publicly traded equity securities (excluding preferred stocks):					
3.31 Affiliated.....	0.0				0 0.0
3.32 Unaffiliated.....	0.0				0 0.0
3.4 Other equity securities:					
3.41 Affiliated.....	0.0				0 0.0
3.42 Unaffiliated.....	0.0				0 0.0
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated.....	0.0				0 0.0
3.52 Unaffiliated.....	0.0				0 0.0
4. Mortgage loans:					
4.1 Construction and land development.....	0.0				0 0.0
4.2 Agricultural.....	0.0				0 0.0
4.3 Single family residential properties.....	0.0				0 0.0
4.4 Multifamily residential properties.....	0.0				0 0.0
4.5 Commercial loans.....	0.0				0 0.0
4.6 Mezzanine real estate loans.....	0.0				0 0.0
5. Real estate investments:					
5.1 Property occupied by company.....	0.0				0 0.0
5.2 Property held for production of income (including \$..... of property acquired in satisfaction of debt).....	0.0				0 0.0
5.3 Property held for sale (including \$..... of property acquired in satisfaction of debt).....	0.0				0 0.0
6. Contract loans.....	0.0				0 0.0
7. Derivatives.....	0.0				0 0.0
8. Receivables for securities.....	0.0				0 0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....	0.0			XXX.....	XXX.....
10. Cash, cash equivalents and short-term investments.....	0.0		3,442,822		3,442,822 100.0
11. Other invested assets.....	0.0				0 0.0
12. Total invested assets.....	0	0.0	3,442,822	0	3,442,822 100.0

Sch. A - Verification
NONE



Sch. B - Verification
NONE

Sch. BA - Verification
NONE

Sch. D - Verification
NONE



Sch. D - Summary
NONE

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

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



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

Sch. D - Pt. 1A - Sn. 2
NONE



Sch. D - Pt. 1A - Sn. 2
NONE

SCHEDULE DA - VERIFICATION BETWEEN YEARS

		1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....		0				
2. Cost of short-term investments acquired.....		1,509,732				
3. Accrual of discount.....		0				
4. Unrealized valuation increase (decrease).....		0				
5. Total gain (loss) on disposals.....		0				
6. Deduct consideration received on disposals.....		0				
7. Deduct amortization of premium.....		0				
8. Total foreign exchange change in book/adjusted carrying value.....		0				
9. Deduct current year's other-than-temporary impairment recognized.....		0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9).....		1,509,732		0		
11. Deduct total nonadmitted amounts.....		0				
12. Statement value at end of current period (Line 10 minus Line 11).....		1,509,732		0		

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

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. 1

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 1

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 1

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 1

NONE

Sch. D - Pt. 2 - Sn. 1

NONE

Sch. D - Pt. 2 - Sn. 2

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. D - Pt. 5
NONE

Sch. D - Pt. 6 - Sn. 1
NONE

Sch. D - Pt. 6 - Sn. 2
NONE

SCHEDULE DA - PART 1

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

CUSIP Identification	Description	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's (Amortization) / Accretion	Total Foreign Exchange Change in B(A.C.V.)	Par Value	Actual Cost	Effective Rate of Accretion	Rate of Interest	When Paid	Amount Received During Year	Paid for Accrued Interest	21
Other Short-Term Invested Assets																
	Federated Mutual Government Obligations Fund.....	.....	05/01/2016. PNC.....	.....	.....	.....	.....	.....	1,509,732	.....	0	.....	.....	0	.....	0
909999. Total Other Short-Term Invested Assets.....									1,509,732	.....	0	.....	.....	0	.....	0
919999. Total Short-Term Investments.....									1,509,732	.....	0	.....	.....	0	.....	0

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

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

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

Sch. DB - Pt. B - Sn. 2
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

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
Open Depositories						
PNC Bank.....						1,933,090 XXX
0199999. Total - Open Depositories.....	XXX	XXX	0	0		1,933,090 XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0		1,933,090 XXX
0599999. Total Cash.....	XXX	XXX	0	0		1,933,090 XXX

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

1. January.....	4. April.....	7. July.....	10. October.....	2,242,467
2. February.....	5. May.....	16. August.....	11. November.....	973,097
3. March.....	6. June.....	605,921 9. September.....	12. December.....	1,933,090

Sch. E - Pt. 2
NONE

Sch. E - Pt. 3
NONE

Relief Related to the Five-Year Rotation Requirement for Lead Audit Partners



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Relief Related to the One-Year Cooling Off Period for Independent CPA



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Relief Related to the Requirements for Audit Committees



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**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

(To Be Filed By March 1)

AIC Group Code....0

NAIC Company Code....120

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage.....		XXX		XXX	0
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	0
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	XXX		0	XXX	XXX
5.2 Supplemental Benefits.....	XXX		0	XXX	XXX
6. Total Premiums.....	0	XXX	0	XXX	0
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage.....		XXX		XXX	0
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims.....	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change.....	XXX		XXX		0
12.3 Reimbursements Receivable-Change.....	XXX		XXX		XXX
12.4 Health Care Receivables-Change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change.....					
14. Expenses Paid.....		XXX		XXX	0
15. Expenses Incurred.....		XXX		XXX	XXX
16. Underwriting Gain/Loss.....	0	XXX	0	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	0



* 1 2 0 2 0 1 6 4 2 0 0 0 0 0 0 0



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

**For the Year Ended December 31, 2016
(To Be Filed by March 1)**

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,
TITLE, AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF

SOCA Benefit Plan COMPANY



Sch. SIS-Page 2
NONE

Sch. SIS-Page 3
NONE

Sch. SIS-Page 4
NONE

ACTUARIAL OPINION



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