



ANNUAL STATEMENT

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

RiverLink Health

NAIC Group Code.....4807, 4807
(Current Period) (Prior Period)

NAIC Company Code..... 15499

Employer's ID Number..... 46-4380824

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type.....Health Insuring Corporation

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... December 18, 2013

Commenced Business..... January 1, 2015

Statutory Home Office

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

Main Administrative Office

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

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

Mail Address

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

Primary Location of Books and Records

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

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

Internet Web Site Address

www.RiverLinkHealth.com

Statutory Statement Contact

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

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

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

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

(Signature)
Steven Charles Schramm

1. (Printed Name)
President, Chief Financial Officer, & Treasurer

(Title)

(Signature)
William Nathan Young MD

2. (Printed Name)
Chief Medical Officer

(Title)

(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This _____ day of _____ 2017

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	958	315	286	2,248	.....	.....3,806
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	958	315	286	2,248	0	3,806

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Med Impact.....	139,393	64,955				204,349
0199999. Total Pharmaceutical Rebate Receivables.....	139,393	64,955	0	0	0	204,349
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	75,869			60,973	60,973	75,869
0299999. Total Claim Overpayment Receivables.....	75,869	0	0	60,973	60,973	75,869
0799999. Gross Health Care Receivables.....	215,262	64,955	0	60,973	60,973	280,217

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....	64,470	173,735		204,348	64,470	45,144
2. Claim overpayment receivables.....			60,973	75,869	60,973	
3. Loans and advances to providers.....	33,145				33,145	30,560
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....					0	343
7. Totals (Lines 1 through 6).....	97,615	173,735	60,973	280,217	158,588	76,047

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Claims Unpaid - Pharmacy.....	49,117					49,117
0199999. Individually listed claims unpaid.....	49,117	0	0	0	0	49,117
0499999. Subtotals.....	49,117	0	0	0	0	49,117
0599999. Unreported claim and other claim reserves.....						1,444,419
0799999. Total claims unpaid.....						1,493,535

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
QualChoice Health Plan Services, Inc.....	Administrative Services.....	684,504	684,504	.....
0199999. Individually listed payables.....		684,504	684,504	0
0399999. Total gross payables.....		684,504	684,504	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	139,620	1.3	1,296	100.0		139,620
2. Intermediaries.....	0	0.0				
3. All other providers.....	170,752	1.6	1,296	100.0		170,752
4. Total capitation payments.....	310,372	3.0	2,592	200.0	0	310,372
Other Payments:						
5. Fee-for-service.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	9,568,074	92.4	XXX	XXX	1,813,254	7,754,820
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	479,963	4.6	XXX	XXX		479,963
12. Total other payments.....	10,048,037	97.0	XXX	XXX	1,813,254	8,234,783
13. Total (Line 4 plus Line 12).....	10,358,409	100.0	XXX	XXX	1,813,254	8,545,155

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
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....RiverLink Health 2. Federal Way, WA

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

NAIC Group Code.....4807

NAIC Company Code.....15499

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	650							650		
2. First quarter.....	1,268							1,268		
3. Second quarter.....	1,285							1,285		
4. Third quarter.....	1,301							1,301		
5. Current year.....	1,296							1,296		
6. Current year member months.....	15,430							15,430		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	18,208							18,208		
8. Non-physician.....	6,768							6,768		
9. Totals.....	24,976	0	0	0	0	0	0	24,976	0	0
10. Hospital patient days incurred.....	1,200							1,200		
11. Number of inpatient admissions.....	257							257		
12. Health premiums written (b).....	9,559,642							9,559,642		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	9,559,642							9,559,642		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	10,358,409							10,358,409		
18. Amount incurred for provision of health care services.....	10,656,040							10,656,040		

(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 \$.....9,559,642



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....4807 NAIC Company Code.....15499

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	650							650		
2. First quarter.....	1,268							1,268		
3. Second quarter.....	1,285							1,285		
4. Third quarter.....	1,301							1,301		
5. Current year.....	1,296							1,296		
6. Current year member months.....	15,430							15,430		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	18,208							18,208		
8. Non-physician.....	6,768							6,768		
9. Totals.....	24,976	0	0	0	0	0	0	24,976	0	0
10. Hospital patient days incurred.....	1,200							1,200		
11. Number of inpatient admissions.....	257							257		
12. Health premiums written (b).....	9,559,642							9,559,642		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	9,559,642							9,559,642		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	10,358,409							10,358,409		
18. Amount incurred for provision of health care services.....	10,656,040							10,656,040		

(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 \$.....9,559,642

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572.....	43-1235868....	01/01/2015	RGA Reinsurance Company.....	MO.....	276,960	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				276,960	.0
2199999.	Total - Accident and Health Non-Affiliates.....				276,960	.0
2299999.	Total - Accident and Health.....				276,960	.0
2399999.	Total U.S.....				276,960	.0
9999999.	Total.....				276,960	.0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
93572.....	43-1235868....	.01/01/2015	RG A Reinsurance Company.....	MO.....	SSL/A/I.....	MR.....	344,468	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						344,468	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						344,468	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						344,468	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						344,468	0	0	0	0	0	0
6999999.	Total - U.S.....						344,468	0	0	0	0	0	0
9999999.	Total.....						344,468	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....	344	282			
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....		119			
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	277	119			
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
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).....	4,588,087		4,588,087
2. Accident and health premiums due and unpaid (Line 15).....	168,092		168,092
3. Amounts recoverable from reinsurers (Line 16.1).....	276,960	(276,960)	0
4. Net credit for ceded reinsurance.....	XXX	276,960	276,960
5. All other admitted assets (balance).....	321,211		321,211
6. Totals assets (Line 28).....	5,354,349	0	5,354,349
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,493,535		1,493,535
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	2,025,779		2,025,779
15. Total liabilities (Line 24).....	3,519,315	0	3,519,315
16. Total capital and surplus (Line 33).....	1,835,034	XXX	1,835,034
17. Total liabilities, capital and surplus (Line 34).....	5,354,349	0	5,354,349
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.....	276,960		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	276,960		
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.....	276,960		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
.....	.....	.....	46-1224037..	.....	.....	.....	QualChoice Health Plan Services, Inc.....	CO.....	UDP.....	QualChoice Health, Inc.....	Ownership.....	100.000	Catholic Health Initiatives.....	N.....	.....
4807	Catholic Hlth Initatives Grp.....	12909...	42-1720801..	.....	.....	.....	Soundpath Health.....	WA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	95448...	71-0794605..	.....	.....	.....	QCA Health Plan, Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	70998...	71-0386640..	.....	.....	.....	QualChoice Life and Health.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15493...	46-4495960..	.....	.....	.....	ClearRiver Health.....	TN.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15488...	46-4368223..	.....	.....	.....	HeartlandPlains Health.....	NE.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15499...	46-4380824..	.....	.....	.....	RiverLink Health.....	OH.....	RE.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15486...	46-4828332..	.....	.....	.....	RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15487...	46-4373713..	.....	.....	.....	StableView Health Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15751...	47-3433912..	.....	.....	.....	QualChoice Advantage Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....
4807	Catholic Hlth Initatives Grp.....	15752...	47-3451750..	.....	.....	.....	HarvestPlains Health of Iowa.....	IA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	N.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	46-1224037.....	QualChoice Health Plan Services, Inc.....		(1,000,000)			714,393				(285,607)	
15499.....	46-4380824.....	RiverLink Health.....		1,000,000			(714,393)				285,607	
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

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