

122



HEALTH QUARTERLY STATEMENT

As of June 30, 2017
of the Condition and Affairs of the

COSE Health and Wellness Trust

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

NAIC Company Code..... 122

Employer's ID Number..... 81-6240902

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized..... February 18, 2016

Commenced Business..... August 22, 2016

Statutory Home Office

1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-592-2436
(Area Code) (Telephone Number)

Mail Address

1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-592-2436
(Area Code) (Telephone Number)

Primary Location of Books and Records

1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-592-2436
(Area Code) (Telephone Number)

Internet Web Site Address

www.cosemewa.com

216-592-2292
(Area Code) (Telephone Number) (Extension)

Statutory Statement Contact

Timothy E DiPlacido
(Name)
Tdiplacido@gcpartnership.com
(E-Mail Address)

(Fax Number)

OFFICERS

Name
1. Timothy Maynard Reynolds
3.

Title
Chairman

Name
2. Stephen Anthony Millard
4.

Title
Plan Administrator

OTHER

DIRECTORS OR TRUSTEES

Timothy Maynard Reynolds

Elyse Anne Logan

Martha Judith Lanning

State of..... Ohio
County of.... Cuyahoga

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)

Timothy Maynard Reynolds

1. (Printed Name)

Chairman

(Title)


(Signature)

Stephen Anthony Millard

2. (Printed Name)

Plan Administrator

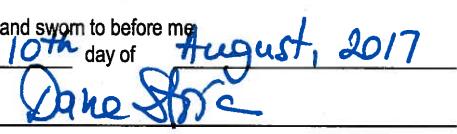
(Title)

(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me
This 10th day of August, 2017


Dana Stoia

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []

08/07/2017 10:30:56 AM



DANA STOIA
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 9/21/19

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....10,434,937), cash equivalents (\$.....0) and short-term investments (\$.....0).....	10,434,937		10,434,937	5,834,491
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	(5,082)
12. Subtotals, cash and invested assets (Lines 1 to 11).....	10,434,937	0	10,434,937	5,829,409
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	60,598		60,598	49,813
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.....			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).....			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.....	95,965		95,965	197,790
25. Aggregate write-ins for other than invested assets.....	30,171	30,171	0	5,082
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	10,621,671	30,171	10,591,501	6,082,094
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	10,621,671	30,171	10,591,501	6,082,094

DETAILS OF WRITE-INS

1101. Prepaid Business Insurance.....			0	(4,082)
1102. Prepaid State Certification Fee.....			0	(1,000)
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	(5,082)
2501. Prepaid Business Insurance.....	28,571	28,571	0	4,082
2502. Prepaid State Certification Fee.....			0	1,000
2503. Prepaid State Assessment Fee.....	1,600	1,600	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	30,171	30,171	0	5,082

COSE Health and Wellness Trust
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	.....4,358,590		.....4,358,590	.....805,512
2. Accrued medical incentive pool and bonus amounts.....			.....0	.....0
3. Unpaid claims adjustment expenses.....	.....174,344		.....174,344	.....0
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.....0	.....0
5. Aggregate life policy reserves.....			.....0	.....0
6. Property/casualty unearned premium reserve.....			.....0	.....0
7. Aggregate health claim reserves.....			.....0	.....0
8. Premiums received in advance.....	.....280,731		.....280,731	.....135,569
9. General expenses due or accrued.....	.....244,816		.....244,816	.....237,698
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.....0	.....0
10.2 Net deferred tax liability.....			.....0	.....0
11. Ceded reinsurance premiums payable.....			.....0	.....0
12. Amounts withheld or retained for the account of others.....			.....0	.....0
13. Remittances and items not allocated.....			.....0	.....0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.....0	.....0
15. Amounts due to parent, subsidiaries and affiliates.....			.....0	.....0
16. Derivatives.....			.....0	.....0
17. Payable for securities.....			.....0	.....0
18. Payable for securities lending.....			.....0	.....0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.....0	.....0
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.....0	.....0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.....0	.....0
22. Liability for amounts held under uninsured plans.....			.....0	.....0
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.....0	.....0	.....0	.....0
24. Total liabilities (Lines 1 to 23).....	.....5,058,481	.....0	.....5,058,481	.....1,178,779
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		
29. Surplus notes.....	.....XXX	.....XXX	.....5,000,000	.....5,000,000
30. Aggregate write-ins for other than special surplus funds.....	.....XXX	.....XXX	.....0	.....0
31. Unassigned funds (surplus).....	.....XXX	.....XXX	.....533,020	.....(96,685)
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	.....5,533,020	.....4,903,315
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.....XXX	.....XXX	.....10,591,501	.....6,082,094

DETAILS OF WRITE-INS

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

COSE Health and Wellness Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	34,063		4,863
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	12,129,830		1,770,158
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	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	12,129,830	0	1,770,158
Hospital and Medical:				
9. Hospital/medical benefits.....		5,516,546		688,594
10. Other professional services.....		348,799		39,600
11. Outside referrals.....		34,097		3,292
12. Emergency room and out-of-area.....		1,172,159		236,556
13. Prescription drugs.....		2,268,375		394,979
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	9,339,976	0	1,363,022
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	9,339,976	0	1,363,022
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		174,344		
21. General administrative expenses.....		1,974,682		504,632
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	11,489,001	0	1,867,654
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	640,829	0	(97,496)
25. Net investment income earned.....		13,965		5,892
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	13,965	0	5,892
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	654,794	0	(91,604)
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	654,794	0	(91,604)

DETAILS OF WRITE-INS

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

COSE Health and Wellness Trust
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	4,903,315		
34. Net income or (loss) from Line 32.....	.654,794		(91,604)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(25,089)		(5,082)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			5,000,000
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	0
48. Net change in capital and surplus (Lines 34 to 47).....	629,706	0	4,903,315
49. Capital and surplus end of reporting period (Line 33 plus 48).....	5,533,020	0	4,903,315

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	12,264,207		1,855,914
2. Net investment income.....	13,965		5,892
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	12,278,172	0	1,861,806
5. Benefit and loss related payments.....	5,685,073		755,300
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,967,563		266,934
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).....	7,652,637	0	1,022,234
11. Net cash from operations (Line 4 minus Line 10).....	4,625,535	0	839,572
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	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.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			5,000,000
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).....	(25,089)		(5,082)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(25,089)	0	4,994,918
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	4,600,446	0	5,834,491
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,834,491		
19.2 End of period (Line 18 plus Line 19.1).....	10,434,937	0	5,834,491

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

20,0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	1,982			1,982						
2. First Quarter.....	5,388			5,388						
3. Second Quarter.....	7,287			7,287						
4. Third Quarter.....	0									
5. Current Year.....	7,287			7,287						
6. Current Year Member Months.....	34,063			34,063						
Total Member Ambulatory Encounters for Period:										
7. Physician.....	6,994			6,994						
8. Non-Physician.....	5,631			5,631						
9. Total.....	12,625	0		12,625	0					0
10. Hospital Patient Days Incurred.....	177			177						
11. Number of Inpatient Admissions.....	61			61						
12. Health Premiums Written (a).....	13,103,345			13,103,345						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	13,103,345			13,103,345						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	5,717,031			5,717,031						
18. Amount incurred for Provision of Health Care Services.....	9,339,976			9,339,976						

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

Account	Number of Open Claims						Total
	1	2	3	4	5	6	
Claims Unpaid (Reported)	05799999. Unreported Claims and Other Claim Reserves.....						4,358,590
07999999. Total Claims Unpaid.....							4,358,590

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		On Claims Incurred During the Year	On Claims Incurred During the Year	Liability End of Current Quarter	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			4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	.....691,248	.....	.....	.....24,671	.....4,333,919	.....715,919	.....805,512
2. Medicare Supplement.....	.....	.....	.....	.....	.....	.....0	.....
3. Dental only.....	.....	.....	.....	.....	.....	.....0	.....
4. Vision only.....	.....	.....	.....	.....	.....	.....0	.....
5. Federal Employees Health Benefits Plan.....	.....	.....	.....	.....	.....	.....0	.....
6. Title XVIII - Medicare.....	.....	.....	.....	.....	.....	.....0	.....
7. Title XIX - Medicaid.....	.....	.....	.....	.....	.....	.....0	.....
8. Other health.....	.....	.....	.....	.....	.....	.....0	.....
9. Health subtotal (Lines 1 to 8).....	.....691,248	.....	.....5,095,650	.....24,671	.....4,333,919	.....715,919	.....805,512
10. Healthcare receivables (a).....	.....	.....	.....	.....	.....	.....0	.....
11. Other non-health.....	.....	.....	.....	.....	.....	.....0	.....
12. Medical incentive pools and bonus amounts.....	.....	.....	.....	.....	.....	.....0	.....
13. Totals (Lines 9+10+11+12).....	.....691,248	.....	.....5,095,650	.....24,671	.....4,333,919	.....715,919	.....805,512

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

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

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2017 Period	2016
NET INCOME					
(1) COSE Health and Wellness Trust state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 654,794	\$ (91,604)
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 654,794	\$ (91,604)
SURPLUS					
(5) COSE Health and Wellness Trust state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 5,533,020	\$ 4,903,315
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 5,533,020	\$ 4,903,315

C. Accounting Policy

These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual.

D. Going Concern

There is no substantial doubt about the Cose Health and Wellness Trust's ability to continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

D. Loan-Backed Securities

Not applicable

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not Applicable		

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

Surplus Cash was invested into a PCN Bank Money Market account in May, thus significantly increasing the amount of Interest income.

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

Not applicable

NOTES TO FINANCIAL STATEMENTS**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

Not applicable

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1) Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

There were no changes to the Surplus level since the initial funding date.

Note 14 – Liabilities, Contingencies and Assessments

A Claims Adjustment Reserve was established for \$174,343 in June. This reserve will be adjusted monthly in relation to the IBNR Reserve.

Note 15 – Leases

Not applicable

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

Not applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

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

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

A. The Company has no assets or liabilities that are reported at fair value as of June 30, 2017.

B. Not applicable

C. The Company has purchased no Bonds as of June 30, 2017.

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$			

Note 21 – Other Items

Not applicable

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

Assets	AMOUNT
1. Premium adjustments receivable due to ACA Risk Adjustment	\$

NOTES TO FINANCIAL STATEMENTS

a. Permanent ACA Risk Adjustment Program		AMOUNT
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$
3. Premium adjustments payable due to ACA Risk Adjustment		\$
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		\$
b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$
9. ACA Reinsurance contributions – not reported as ceded premium		\$
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$
Liabilities		
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year	Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date		
			Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	0	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$
2. Premium adjustments (payable)									B	
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$
b. Transitional ACA Reinsurance Program									C	\$
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$		\$
2. Amounts recoverable for claims unpaid (contra liability)									D	
3. Amounts receivable relating to uninsured plans									E	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F	
5. Ceded reinsurance premiums payable									G	
6. Liability for amounts held under uninsured plans									H	
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$
c. Temporary ACA Risk Corridors Program									I	\$
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$		\$
2. Reserve for rate credits or policy									J	

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Business Before the Prior Year	During Year on Written Dec. 31 of the Prior Year	Received or the Current Business Before the Prior Year	Paid as of Year on Written Dec. 31 of the Prior Year	Differences		Adjustments		Ref	Unsettled as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances				
					1	2	3	4	5	6	7	8	0	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		
experience rating refunds												
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
d. Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued the Prior Year Written Dec. 31 of the Prior Year	During Business Before the Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances			
			1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	A	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	B	\$
b. 2015										C	\$
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$		
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	D	\$
c. 2016										E	\$
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$		
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	F	\$
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$	\$		\$

- A.
- B.
- C.
- D.
- E.
- F.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015						
c. 2016						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

On June 30, 2017, the Trust completed its tenth month of operation. Realizing that trends in claim payments were still not credible, Management exercised a conservative approach to the Trust's reserve balance.

Reserves as of June 30, 2017 were \$10,076 million. As of June 30, 2017, \$5,717 million has been paid for claims and \$4,359 million reserved (IBNR) attributable to insured events of future periods. The IBNR level of reserve was calculated and verified by the Company's outside Actuary. The calculated ratio was 69% (March 58%). With the Trust experiencing only 10 months of claims experience, Management decided to reserve to a loss ratio of 77%. As mentioned in prior reports, this IBNR level is close to the pro-forma assumption of 80%.

Referencing the December 31, 2016 IBNR Reserve of \$805K, the actual claims incurred/reserved for 2016 Claims incurred in 2017 is \$716K. \$691K of the \$716K 2016 claims were paid in 2017, and \$25K was reserved and expected to be paid in the future. The difference between the \$805K and \$716K is a favorable result, or \$89K.

NOTES TO FINANCIAL STATEMENTS

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable for Health Entities

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating policies

No applicable

Note 30 – Premium Deficiency Reserves

No reserve was necessary to establish as of June 30, 2017.

Note 31 – Anticipated Salvage and Subrogation

Not applicable

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

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

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

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

6.4 By what department or departments? _____

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: _____

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

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

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

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

FINANCIAL

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0**INVESTMENT**11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 013. Amount of real estate and mortgages held in short-term investments: \$ 014.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.3 Total payable for securities lending reported on the liability page: \$ 017. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No [X]17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

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

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

17.5 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".

1	2
Name of Firm or Individual	Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 []17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	77.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	15.1 %

2.1 Do you act as a custodian for health savings accounts?

Yes No

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

0

2.3 Do you act as an administrator for health savings accounts?

Yes No

2.4 If yes, please provide the amount of funds administered as of the reporting date.

0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

COSE Health and Wellness Trust

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
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.	13,103,345							13,103,345
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	13,103,345	0	0	0	0	13,103,345	0
60. Reporting entity contributions for Employee Benefit Plans.....		XXX							0
61. Total (Direct Business).....	(a) ..1		13,103,345	0	0	0	0	13,103,345	0

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

Sch. Y - Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

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

Bar Code:



Overflow Page

NONE

Sch. A - Verification
NONE

Sch. B - Verification
NONE

Sch. BA - Verification
NONE

Sch. D - Verification
NONE

Sch. D - Pt. 1B
NONE

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

COSE Health and Wellness Trust
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 •
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

PNC Bank	Cleveland, Ohio...		0.250	3,082	9,035,883	2,717,191	1,628,308	XXX
PNC Bank	Cleveland, Ohio...		0.550	6,630		6,602,152	8,806,630	XXX
0199999. Total Open Depositories.....		XXX	XXX	9,711	0	9,035,883	9,519,343	10,434,937
0399999. Total Cash on Deposit.....		XXX	XXX	9,711	0	9,035,883	9,519,343	10,434,937
0599999. Total Cash.....		XXX	XXX	9,711	0	9,035,883	9,519,343	10,434,937

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code....0

NAIC Company Code....122

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums collected.....		XXX.....		XXX.....	0
2. Earned premiums.....		XXX.....		XXX.....	XXX.....
3. Claims paid.....		XXX.....		XXX.....	0
4. Claims incurred.....		XXX.....		XXX.....	XXX.....
5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a).....	XXX.....		XXX.....		0
6. Aggregate policy reserves - change.....		XXX.....		XXX.....	XXX.....
7. Expenses paid.....		XXX.....		XXX.....	0
8. Expenses incurred.....		XXX.....		XXX.....	XXX.....
9. Underwriting gain or loss.....	0	XXX.....	0	XXX.....	XXX.....
10. Cash flow results.....	XXX.....	XXX.....	XXX.....	XXX.....	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter \$.....0 due from CMS or \$.....0 due to CMS.